

An Exploration of the Use of Collective Preferences When Making Joint  
Decisions as Part of a Multi-Professional Team That Supports Children  
With Autism, Who Are at Risk of being Excluded.

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## **Abstract**

Multi-professional collaborative working is central to developing interventions for children with autism who are at risk of exclusion. This thesis aims to explore how professionals working as part of a multi-professional group develop interventions for children, who have autism spectrum condition and are at risk of exclusion, from the perspective of inter-professional collaboration and the theoretical framework of Collective Preferences. Collective Preferences (Gilbert, 2001; Rose, 2011) suggests that professionals experience tension relating to control, role and identity when working collaboratively with other professionals. The research is designed to explore the range of factors that may impact on how multi-professional teams make decisions in support of a child with autism.

My thesis is an interpretivist study using semi-structured focus group interviews (Phase One) and discussion groups (Phase Two). Phase one aims to explore the perceptions that professional groups hold regarding the purpose of multi-agency working and the tensions they encounter when working as part of a multi-professional team developing an intervention for a child with autism who is at risk of exclusion. Data were transcribed and analysed using an abductive thematic analysis approach. Emergent themes are discussed in the context of relevant literature.

Participants hailed from four professional groups within a single local authority in the South West region of England, educational psychology, special educational needs co-ordinators (SENCOs), Communication and Interaction Team workers and speech and language therapists. Phase one consisted of 12 participants across four data collecting sessions. The focus groups were organised based upon their professional occupation. Each focus group consisted of participants from the same profession.

Phase two consisted of mixed-profession discussion groups. The participants were tasked with developing an intervention for a hypothetical child with autism and at risk of exclusion, using a vignette. Phase two consisted of four data collecting sessions, with 15 participants spread across them.

The analysis revealed themes relating to the breadth of experience and views participants had regarding multi-professional collaborative working. The findings

identified strategies that school-based professionals used that incorporated and moved beyond the theoretical principles of Collective Preferences when working collaboratively. Further to this, my study identified themes that impacted upon a professional's Scope of Practice when working collaboratively to support a child with autism at risk of exclusion. Such themes outline the behaviour and experiences of professionals when collaborating as part of their role. The study also identified strategies that multi-professional teams will use when interacting with one another and the interventions that may be put in place to support children with autism, at risk of exclusion. Commissioning practices were also identified as critical areas that impacted upon a professional's Scope of Practice and subsequent interactions during multi-professional collaborative working.

The implications of the findings for educational psychology practice are discussed. These explore how educational psychologists can navigate areas of tension during multi-professional collaborative working. Furthermore, a framework of interventions that support the child is outlined. Additionally, the ongoing role of educational psychologists within a quasi-market context is considered. Exploring, how educational psychologists can organisationally position themselves to advocate for the values of the profession, and the role they may adopt to work alongside commissioners of psychological services such as schools.

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## **Chapter 1: Introduction**

### **1.1 Context**

My interest in studying multi-professional collaborative working relate to my experiences of moving to England and my interest in group identity as a topic. I grew up in Northern Ireland during the latter years of 'The Troubles' and throughout the 'Peace Process'. Northern Ireland can culturally be understood as straddling two different 'communities,' the Nationalist community which is predominantly Roman Catholic and the Unionist community which is mainly Protestant. These communities can be described as holding opposite views on many political topics within Northern Ireland, recently this was highlighted by the divided opinion on the European Referendum in 2016. Staunch unionist communities predominantly voted in favour of leaving the European Union and Nationalist communities voting to remain.

The formation of my identity can be described as atypical within a Northern Ireland context. I have a father and mother who come from Unionist and Nationalist communities respectively. Therefore, I have a privileged perspective relating to topics relating to Unionist and Nationalist identities. Such a position allowed me regular access to both communities; understanding a range of perspectives on any given topic of relevance. These experiences led me to continually question and ponder on the behaviour, views and beliefs of people depending on their community and broader experiences.

When I moved to England (as a psychological assistant) I was no longer faced with such dyadic perspectives on topics, and no longer was I presented with the same level of privileged access to communities of opposing or varying perspectives, I was placed in a wholly new context. A topic of much discussion within my workplace was the increasing move towards a traded model of educational psychological services. Often, I heard conversations amongst my colleagues on the impact a traded model was having on their ability to fulfil their role and the trouble they were having in adapting to the model. I wanted to understand how a traded model impacted on the practice of educational psychologists; how it reshaped their identity. Since those days, the of trading

educational psychology services has become more apparent with 81% of local authorities stating that at least some of their funding was generated through traded services (Lyonette, Atfield, Baldauf & Own, 2019).

My views and beliefs regarding the political and economic contexts that educational psychology services find themselves continued to develop as a trainee educational psychologist. Most notably I was integrated into a community-interest organisation, who raised money within a quasi-market to deliver and develop local services in the interest of the local community. I found that this system in principle was admirable, yet in practice experienced many of the pressures larger, for profit, organisations faced. An example of such is making one's services financially attractive to schools to buy in. This made me realise that ethical and moral principles that exist within a profession, will ultimately be tested by the economic contexts they are presented. I even felt my practice being affected. I often questioned why I behaved in certain ways. On occasion I found myself advocating for schools to 'buy into' services I didn't fully understand or have confidence in. I questioned what tacit factors that motivated me to behave in such a way and applied such questioning to the profession as a whole.

As I became increasingly immersed in the educational psychology community, I realised the myriad of factors that impact upon the everyday practice of a psychologist. My interest moved beyond understanding how traded services impact upon the professional practice to a more a holistic understanding of professional practice (Wagner, 2000). It is this holistic perspective that allowed me to arrive at my research topic. Educational psychologists often think and work holistically; a key aspect of this is multi-professional collaborative working. I believe that considering and managing varying professional perspectives is a key skill for educational psychologists. Therefore, I became interested in how multi-professional teams work together and considered factors that affect their ability to work with one another.

The 2013 Educational Psychology Workforce Survey (published April 2014) states that there are a sizable number of educational psychologists working in multi-agency contexts (Truong & Ellam, 2014). Approximately 32% of trainee and educational psychologists work in dedicated multi-agency teams with the

remainder working across various educational settings but employed by a single agency (Truong & Ellam, 2014). This percentage has remained consistent in recent years (Lyonette, et al, 2019). Furthermore, educational psychologists have emphasised the importance of working collaboratively with other professional disciplines when delivering psychological services within educational settings (Lyonette, et al, 2019). Moreover, increased statutory workloads of educational psychologists based within local authorities have resulted in reduced opportunities for educational psychologists to work in multi-agency contexts. Such workloads have reduced job satisfaction due to a collectively held belief that multi-agency working is important for achieving optimal outcomes for children and families the profession works with (Lyonette, et al, 2019). Such figures and findings shown by Lyonette, et al, (2019) demonstrate the importance placed on multi-professional working by educational psychologists and the current difficulty in fulfilling such work with current working practices. Therefore, it is of importance to continue researching multi-professional collaborative working in pursuit of identifying effective collaborative practices and wider contextual factors that may impact on the ability of educational psychologists and other school-based professionals to work together.

## **1.2 Rationale**

Multi-professional working is a worthwhile yet, challenging topic to research due to the inter-subjective nature of it. Each professional involved in the process is tasked with making meaningful contributions that are weighted on their past experiences, their training and the interactions they have had as part of their role (Chinn, 2007). Professionals are exposed to ever-changing cultural and social contexts that can have an on-going impact on how they approach their role (Noordegraaf, 2015). An example of such changing contexts concerns the increasing number of educational psychology services that have a trading element to their service delivery, whether they are fully or partially traded (Lyonette, et al, 2019).

Educational psychologists may become increasingly concerned with securing traded services from school commissioners; managing that relationship may take priority over previously held professional values e.g. developing

interventions focused on the needs of the child (Marsh & Higgins, 2018). Such a contextual factor can impact on the collective views and values held by a range of professional groups that interact in support of children in schools (Wenger, 1998). Therefore, the nature of multi-professional working is impacted upon by the chronological experiences of each professional (and their experiences as part of their respective profession) involved, and the contextual rationale for creating a multi-professional team.

Freidson (2001) posits the notion that professionalism sits as the 'third logic' alongside politics and economics. This suggests that professionals have a significant impact on the lives of the people they serve, and their practice is impacted by the economic and political climates of their times. Therefore, it is essential to continue to develop an understanding of how professionals interact and make decisions that impact the lives of those they serve (Jones-Bromenshenkel, Cook, Huisinga & Mullins, 2018).

Modern economic policy is based around neo-liberal principles (Harvey, 2005). Such economic approaches have impacted on how professionals within children's services are organised including that of educational psychologists. Furthermore, with the introduction of Every Child Matters underpinned by the Children's Act 2004 (DfES, 2003) professionals were expected to collaborate on a more frequent basis (Garrett, 2008).

Professional practice is continually changing. The boundaries that professionals operate within move depending on the political and economic circumstances of the times (Freidson, 2001). Noordegraaf (2015) describes the currently changing roles of professionals as merging with traditional managerial roles, i.e. professionals are embedding themselves within the managerial structures of organisations rather than sitting separate to them. I suggest that such changes are likely to impact on the held value system of the respective profession.

Hume, McKay and Cracknell (2015) write about the impact austerity has had on the role of directors within children's services. Their research suggests that the policy of 'austerity' has resulted in broader agendas becoming marginalised, e.g. rights and welfare of children issues (Hume, et al, 2015). Instead quasi-market driven agendas have emerged as a guiding force on how directors implement policies; the increasing emergence of academy schools and the



continued emphasis on academic standards (Hume, et al, 2015). Such findings highlight the decision-making agendas of directors have that likely impact on the roles of school-based professionals.

Autism and exclusion are appropriate topics for the exploration of multi-professional collaborative working as an estimate of 2.7% of the general population will have autism (Williams, Thomas, Sidebotham & Emond, 2008). Therefore, multi-professional teams frequently support such children. Furthermore, there has been a marked increase in the number of students being diagnosed with autism, demonstrating the prevailing need for frequent and adequate support from a range of professionals (Guardian, 2019). Students with autism, have been noted to struggle within mainstream educational settings due to the challenges they face with socialising (Goodall, 2018). Such challenges when interacting with others can impact negatively on the mental health needs of students with autism, that manifest in their behaviour; increasing their likelihood of becoming excluded. Therefore, educational psychologists will be requested to support these students on an increasing basis.

Educational psychology practice stands to benefit from this research, as it will illuminate some key factors relating to the processes by which multi-professional teams make critical decisions and the possible reasons for those decisions, as well as illuminating any contextual factors that are likely to influence the approach taken by professionals when fulfilling their role within a multi-professional team. These can make valuable contributions to the professional practice of educational psychology when supporting children with autism, as it will illuminate the factors that can effectively facilitate multi-professional working.

This research is designed over two phases. Such an approach facilitated an examination of the professional interactions at the group and inter-group level. Therefore, elucidating valuable knowledge regarding the degree that in-group perspectives affect inter-group interactions. Phase one consisted of a focus group design facilitated by an interviewer, using a semi-structured hierarchical interview schedule. Phase two consisted of a discussion group design with the use of a vignette to facilitate discussion between participants. The participants

within this task were asked to develop an intervention for a child with autism at risk of exclusion.

The entirety of this research was completed during my time as a trainee educational psychologist, placed within a local authority in the South West of England.

### **1.3 Research aims**

This research aims:

- To explore professional views on multi-professional working when supporting children with autism, who are at risk of exclusion.
- To explore and identify the areas of tension that can arise as part of multi-professional collaborative working, and how they are resolved (if at all).
- To explore the factors that may impact upon and influence a professional's ability to fulfil their role, when working as part of a multi-professional team.
- To explore the ways in which professionals collaborate and relate to one another when making decisions regarding children with autism, at risk of exclusion.

### **1.4 Thesis overview**

My research is divided up into chapters. Each chapter addresses a key component in answering the research questions and relating the findings to the broader literature. The introduction addresses the rationale for the research, my interests as a researcher and the general aims of the research. The second chapter is the literature review; it provides a narrative of the available literature and highlights relevant gaps in the literature that have prompted this research. The third chapter outlines the methodology, including the epistemological and ontological stance of the research and the design of phase one. The fourth disseminates the findings of phase one, followed by its discussion in chapter five. The sixth chapter provides the design of phase two followed by the findings and discussion in chapters seven and eight, respectively. The ninth chapter is an overall discussion of the two phases and how they combine to relate to the literature. The conclusive chapter provides information on the implications for

educational psychology practice, directions for future research, limitations of my research and it provides a conclusion of the overall research.

## **Chapter 2: Literature review**

In this literature review I will discuss the literature relating to multi-professional collaborative working amongst school-based professionals. I focus on literature supporting children with autism who are at risk of exclusion from a mainstream education setting. School-based professionals can be understood as any professional based within a school setting e.g. primary school, or those support professionals who are located on the periphery to educational settings such as those who work for the local authority e.g. advisory teachers or educational psychologists. The aim of this literature review is to explore and critically evaluate the available theoretical and empirical research and identify any gaps for further research.

I will demonstrate that there is a need for further research into multi-professional collaborative working when developing an intervention for a child with autism who is at risk of exclusion from their mainstream educational setting. I will reference available literature including the theoretical frameworks of Communities of Practice (Lave & Wenger, 1991; Wenger, 1998), Collective Preferences (Rose, 2011; Rose & Norwich, 2014), Social Identity Theory and Self-categorisation Theory (Haslam, 2001), amongst other models relating to collaborative processes associated with multi-professional working. I also outline the political, economic, inter-personal, organisational and occupational contexts that are likely to have an impact on the development of one's 'Scope of Practice' (the procedures, actions and processes a professional is permitted to undertake that are perceived to be in line with their role (NICE, 2012; 2014; 2017; HCPC, 2016) and their approach to multi-professional collaborative working. Further research into these areas is likely to contribute to a wider understanding of the topic.

The literature reviewed was mainly collected from academic journals that were gathered using: the Exeter University library database, Assia, Web of Science, Education Resources Information Centre (ERIC), Sage Journals and Journal Storage (JSTOR). I used the search engine Google Scholar, as a starting point for my search. Additionally, I reviewed academic books relating to the topic. I searched the databases using the following words and phrases and their synonyms, individually, and in combination with each other, to refine my search:

multi-agency, multi-professional, Collective Preferences, tension management, autism, complex problems, exclusion, conflict resolution, control, role, identity, professionalism, professional practice, Communities of Practice, framework, model, organisations, occupation, quasi-markets, neo-liberalism (neoliberalism), children's services, collaboration, collaborative working and policy. The reference sections of key articles were used to identify other useful literature sources, such as books.

This literature review is organised into four main parts that serve to highlight areas regarding multi-professional collaborative working that require further research in support of the development of interventions that support children at risk of exclusion who also have autism. The first part provides an overview of the challenges of working within a multi-professional context, and addresses the issues surrounding autism, and the challenges to multi-professional teams when developing interventions to support young people with autism at risk of exclusion. The second part addresses the literature concerning various theoretical models that attempt to explain the processes associated with multi-professional collaborative working. This part specifically explores the theoretical and empirical underpinnings of Collective Preferences. This model attempts to explain the possible inter-personal tensions amongst school-based professionals during multi-professional collaborative working and how to resolve them. The third part concerns a professional's 'Scope of Practice' (NICE, 2012; 2014). Here, by 'Scope of Practice', I am referring to the guidelines set out by NICE (2012; 2014); these outline how professionals develop their role and decide on the range of issues and populations where they apply their practice. For example, the remit of an educational psychologist is relatively broad compared to more specialised professions such as speech and language therapy (Thomson, 1996; Lindsay, Dockrell, Mackie & Letchford, 2005). In developing one's Scope of Practice, a professional consolidates their understanding of their role, practice and identity within their occupational and organisational contexts. I explore the development of one's Scope of Practice through their exposure to various professional Communities of Practice that have different belief and value systems (Wenger, 1998). Communities of Practice is commonly cited within the associated literature and therefore

appropriate for discussion. The final section focuses on the tensions that professionals may be exposed to and how these tensions may shape their Scope of Practice and influence their approach to multi-professional collaborative working. I also provide some conclusions and directions for further research.

## **2.1 Multi-professional working**

Since the introduction of Every Child Matters (DfES, 2003), integrated services and Multi-professional collaborative working have been widely viewed as an essential aspect of working within education (Garrett, 2008). Multi-professional collaborative working has many perceived benefits and limitations (Easen, Atkins & Dyson, 2000). The benefits relate to: professional well-being, creative collaboration and increased job satisfaction, increased confidence in fulfilling one's role, increased professional knowledge, increased trust between agencies, more effective communication and quicker access to a range of professionals for service users (Atkinson, Jones & Lamont, 2007). Some of the associated limitations of multi-professional collaborative working can include: confusion over one's role, increased accountability, uncertainty over one's professional status and increased demand on one's time (Atkinson et al, 2007). These limitations can provide challenges for professionals when they work as part of multi-professional team (Abbott, Townsley & Watson, 2005). This is also often the case for school-based professionals (Annan, Bowler, Mentis, & Phillipson, 2008; Blomqvist, 2009; Boone, Minore, Katt, & Kinch, 1997; Brewer, 1995; Guva & Hylander, 2011; Turner & Haslam, 2001).

## **2.2 Working collaboratively within one's professional boundaries**

There is a continuing discussion on how best to join up agencies within public services. Kelly, Rhodes, MacDonald and Mikes-Liu (2018) investigated the perspectives held by mental health professionals on a team's capacity to effectively support patients. Their study revealed through interviews that teams felt that a diagnosis provided a theoretical framework that aided the development of a clear formulation than in turn provided clarity on each professional's role. Kelly, et al's, (2018) study reinforces this notion that a diagnosis can help develop clear roles within a multi-professional team. However, Kelly, et al, (2018) conducted their study within a medical setting, and

the professional boundaries within such a setting are likely to be defined differently to that of an educational setting. The boundaries relating to professional roles may impact on the ability of multi-professional teams to arrive at an agreed intervention (Atkinson, et al, 2007).

Professionals can experience conflict and tension when collaboratively agreeing upon an intervention, this can relate to their Scope of Practice (NICE, 2012; 2014; Frost, Robinson & Anning, 2005; Frost & Robinson, 2007). Based on a range of theoretical and empirical evidence it appears that a professional's Scope of Practice is generated from their experiences during their professional training, the political and economic context in which they apply their practice, the belief and value systems they hold and those they are exposed to, as well as the regulatory and organisational bodies they are accountable to (NICE, 2012; LeGrand, 2011; Evetts, 2011; 2006; Jansson & Parding, 2001; Haslam, 2001; Wenger, 1998). These factors interact to provide the boundaries of a professional's Scope of Practice i.e. the breadth of a professional's remit. When these boundaries interact, overlap or conflict with the boundaries of other professionals, there may be tension (Easen, et al, 2000; Rose, 2011). Therefore, affecting how professionals relate to each other, including how they perceive other professional groups when working within their own professional group, and how they relate to other professionals when working collaboratively as part of a multi-professional team (Wenger, 1998; Haslam, 2001).

### **2.3 The complex nature of multi-professional teams supporting children with autism in mainstream education**

Currently multi-professional teams within England have been operating under the austerity measures imposed by the government. Karim, Cook and O'Reilly (2012), highlight the difficulties associated with multi-professional working in the context of austerity and the influence organisational structure can have on one's Scope of Practice within education. The evolving context of austerity and neo-liberal policies has resulted in ever changing professional boundaries (Friedson, 2001; Harvey, 2005). This has been documented over the years most notably through the emergence of: New Professional Managerialism (Exworthy & Halford, 1999), Hybrid Professionalism (Evetts, 2006; Evetts, 2011; Evetts, 2014; LeGrand, 2011; Noordegraaf, 2015; Noordegraaf, 2016) and the

continuing academisation of schools (Exley, 2014). I suggest that these concepts are applied in a variety of ways and can have an impact on the structure of an organisation and the practices of the school-based professionals they employ.

Multi-professional teams are used in the development of interventions that support young people and children with autism within mainstream education (Karim, et al, 2012; Feinberg & Vacca, 2000). Karim, et al, (2012) interviewed paediatricians (n=9), educational psychologist (n=5) and psychiatrists (n=7). Amongst their findings was the conclusion that shared responsibility on diagnosing and intervening to support children with autism is important as there is no universal agreement on what is most appropriate. Karim, et al, (2012) used a qualitative design with semi-structured interviews with a total sample size of 21. Their primary aim was to illustrate and illuminate the challenges of diagnosing and supporting children with autism within the context of austerity. The context where the study was conducted was regionally specific, with 20-25% of professional casework relating to autism. As 28.2% of children with an Education, Health and Care plan within England will have autism listed as a primary need (DfE, 2018). This figure allows for one to make a judgement on the trustworthiness of the findings. This suggests that Karim, et al's, (2012) findings are broadly reflective of the national demographic. Such a suggestion is further supported by the existence of an autism pathway for diagnosis within the context of Karim, et al's (2012) study, a process that is commonplace in local authorities.

Feinberg and Vacca (2000) outline the etiology surrounding autism and it's diagnosis. Their article is a commentary piece that addresses the complexity of issues when supporting children with autism, particularly funding support and deciding on the appropriateness of a diagnosis. Their arguments are placed within the contexts of the United States of America. Therefore, the transferability of their discussions to England are limited by cultural and economic variations. They provide commentary on the complexity of diagnosing autism and it's etiology; issues that are not necessarily limited by cultural or economic variations. Their commentary highlights the difficulties in jointly agreeing on a



diagnosis and deciding on the best support for the child, given the available support structures.

As part of their practice, school-based professionals working with a child with autism and at risk of exclusion, are expected to make vital decisions that are likely to have a significant impact on the well-being and the individual circumstances of said child (Atkinson, et al, 2007; Anglim, Prendeville & Kinsella, 2018; Ewing, Monsen & Kielblock, 2018; Ravet, 2011; Artiles, Kozleski, Dorn & Christensen, 2006; Hanco, 2004; Hanco, 1999). Decision-making is an aspect of multi-professional working that can be more challenging when the case is considered to be complex, such as deciding on the appropriate provision for a child at risk of exclusion, who also has autism (Colombo, Bendelow, Fulford & William, 2003). Complex cases often require professionals to make decisions regarding their Scope of Practice that navigate occupational and organisational tensions, as well as tensions associated within the case they are working, e.g. tensions associated with application of specialised knowledge (Jansson & Parding, 2011; Colombo, et al, 2003).

Students with autism who attend mainstream education often struggle to perform academically in comparison to their typically developed peers (Ashburner, Ziviani & Rodger, 2010; Keen, Webster & Ridley, 2016). Students with autism are more likely to behave aggressively towards others than their peers, meaning that students with autism are at an increased likelihood of being excluded from school (Ashburner, et al, 2010; Ambler, Eidels & Gregory, 2015). Ashburner, et al, (2010) carried out a case-control research design study whereby students were assessed on a range of scales including: Gilliam Autism Rating Scale (GARS), Gilliam Asperger Disorder Scale (GADS), Kaufman Brief Intelligence Test (K-BIT), Conners' Teacher Rating Scale-Revised Long Version (CTRS-R:L) and Achenbach System of Empirically Based Assessment: Teacher Report Form (ASEBA:TRF). The scales used demonstrated good retest reliability and consistency, except CTRS-R:L demonstrated a greater degree of retest reliability variable (.42-.92) compared to the other scales used. The sample size was 28 students with autism and 51 control students. This is not a large scale study, it attempts to account for this by using a large number of rating scales to provide an in-depth statistical analysis. They controlled for

classroom variations by choosing control group participants from the same classrooms as the sample population. Given the study's narrow focus and its generally acceptably high retest reliability and internal consistencies of the scales used the findings of Ashburner, et al, (2010) can be viewed with a confident degree of trustworthiness when describing the behaviour of children with autism in schools. However, the design of the study included no qualitative data, therefore the study is limited in providing information on the experience of children with autism, beyond observed behaviour and the perceptions of the rater.

Osbourne and Reed (2011) found that schools in the United Kingdom that have high levels of adult support for children with autism experience less problems relating to emotional and behavioural difficulties, but these students are also likely to experience less pro-social interactions with their peers. This demonstrates the complexity of implementing appropriate provision for children with autism in a mainstream setting (Chamberlain, Kasari & Rotheram-Fuller, 2007).

When supporting children with autism, school-based professionals are also exploring wider social issues, such as labelling. Colombo, et al, (2003) argues that multi-professional working is more challenging when the problem or topic is deemed complex, and that this can result in tension or conflict. Labels associated with disabilities such as autism can result in complex challenges for professionals supporting a child with such a condition (Arishi, Boyle & Lauchlan, 2017). Labels can result in negative stereotyping (Becker, 1963; Arishi, et al, 2017). Other sources suggest that no label can accurately define an individual and that the application of labels is limited to direction, which may not necessarily help with the holistic teaching of the child (Kelly & Norwich, 2004; Thompson, 2012). Furthermore, Boyle (2014) argues that labels can have a detrimental impact on a child's self-esteem and the expectations a teacher places upon a child's academic ability.

The arguments presented here provide a picture of the complexity faced by professionals when developing interventions that will include a child with autism

within a mainstream educational environment. Children with autism can experience social exclusions, including that of prevention of attending a mainstream educational setting (Algraigray & Boyle, 2017). Given that multi-professional collaboration is a typical response to support a child at risk of exclusion, further research regarding how to manage the tensions that can exist during multi-professional collaborative working, may prove to be vital when developing future interventions to support children with autism at risk of exclusion.

### **2.3 Professionals working collaboratively**

Tensions can emerge during multi-professional working and may be experienced as dilemmas (Norwich, 2013). A dilemma is when a decision is to be made to resolve the tension. When such decisions are made there is value lost and gained (Norwich, 1993; Norwich, 2000; Norwich, 2008a; Norwich, 2008b; Norwich, 2013). Rose (2011) lists what she claims to be the main types of dilemmas and tensions that can occur during multi-professional working:

- Role; the appropriateness of tasks undertaken by an individual or professional.
- Control; one perspective is given priority over another, resulting in feelings of confusion and devaluation, or professionals may experience conflict over differing agendas and priorities.
- Identity; discrepancies in how an individual views themselves, their role and how others view them and their role.

Dilemmas can arise as a result of the in-situ tensions resulting from the social interactions between professionals during multi-professional collaborative working when developing an intervention specific to a child with autism who is at risk of exclusion (Rose, 2011; Rose & Norwich, 2014; Ambler, et al, 2015). Tensions surrounding role, control and identity can often be related to how a professional understands their role or purpose within a multi-professional team (Rose, 2011; Rose & Norwich, 2014). Jansson & Parding (2011) describe the internal conflict a professional can experience between their occupational and organisational identity. Professionals who experience conflict when working as part of a collaborative multi-professional team are likely to have experienced

tension within their professional role (White & Featherstone, 2005; Jansson & Parding, 2011). Such conflicts can become more pronounced when there is an unclear strategy for providing support for an individual with autism, as the problem may be complex (Feinberg & Vacca, 2000).

Sloper (2004) argued that the likelihood of multi-professional teams encountering problems is high. A possible reason for such a strain is suggested to be related to the difficulty in developing a collective goal amongst the professionals who are working collaboratively (Gilbert, 2001). Gilbert (2001) suggests that Collective Preferences are required in order to jointly reach a decision. Collective Preferences is a process by which professionals act in the best interest of the group rather than by their individual motivations or priorities (Gilbert, 2001; Rose & Norwich, 2014). Gilbert (2001) outlines three factors that are to be met when establishing a Collective Preference, these are:

- The process of generating a shared goal.
- Shared perceptions of collective responsibility.
- A willingness to act as part of a group.

However, Frost and Robinson (2007) argue that a joint goal is not necessary when working as part of a multiagency team, but an appreciation and exploration of the different approaches and values of the professionals who are present ought to be explored. Swann and York (2011) echo this perspective through their 'THINKSPACE' consultation model i.e. achieving joint working through valuing the differences professionals have in their approach, specialised knowledge and experiences; whereas Schuman's (1996) model of collaborative processes highlights the importance of an effective facilitator when solving complex problems. Schuman (1996) also argues the importance of being aware of the organisational influences and pressures that professionals are exposed to and their impact during multi-professional collaborative working.

#### **2.4 Models for resolving tension/dilemmas and arriving at a decision**

These theoretical models as described by Frost and Robinson (2007), Schuman (1996), and Swann and York (2011) illustrate the potential ways in which conflict can be resolved through changing one's understanding or perspective.

Edwards (1997) describes the importance of understanding various perspectives and having the capacity to respond to the interpretations of others, through relational agency. However, less is understood about the processes associated with the social interactions by which professionals arrive at a joint decision (Rose & Norwich, 2014). Widely used theoretical frameworks within the field of multi-professional working include Communities of Practice (Wenger, 1998) and Activity Theory (Engeström, 1999). Although, these social theories do not detail the social interactions between professionals during multi-professional working (Rose & Norwich, 2014), they are useful for exploring how individuals understand the social groups they belong to and how their experiences can affect their behaviour. They are limited in their ability to provide accounts of the inter-personal processes that occur in-situ as part of multi-professional working.

The social interactive processes that are an aspect of multi-professional working can, in part, be explored through the theory of Collective Preferences (Gilbert, 2001). Rose & Norwich (2014) further developed Rose's (2011) findings relating to professional experiences of Collective Preferences. Rose and Norwich's (2014) model describes how conflict can be resolved by alluding to the goal of a group, the process-outcome beliefs of the group, or the collective efficacy of the group. However, this model has limited scrutiny within a real-world context, with previous empirical research being limited to hypothetical decision-making vignettes that seek for an optimal outcome (they did not account for real world factors such as organisational pressures) (Colman, Pulford & Rose, 2008) and individual interviews (Rose, 2011).

The models of joint working presented here demonstrate that there is currently no universally accepted method for understanding how professionals within multi-professional teams arrive at a joint decision. Rose and Norwich (2014) argue that by bringing together different models of practice, as Swann and York (2011) suggest, there is the risk that one perspective will be prioritised; many multi-professional teams are influenced by the 'power' and 'status' of various professional occupations (Atkinson et al, 2007; Robinson & Cottrell, 2005). These influences relate to the collective beliefs' professionals may hold regarding the group's ability to achieve desirable goals. The beliefs

professionals develop regarding a group's collective ability is in part attributable to their understanding of their own Scope of Practice.

A comprehensive understanding of collaborative processes must consider the influence of belief systems (Rose & Norwich, 2014). Rose and Norwich (2014) achieve this through their discussion of Collective Preferences. They reference two belief system concepts from Bandura's (1997) work, 'collective efficacy' beliefs and 'process-outcome' beliefs, to achieve a comprehensive understanding of multi-professional collaborative working. Collective efficacy beliefs relate to a group's ability to believe that they have the competency and capacity to achieve the group's shared goals. Process-outcome beliefs reflect the group's shared belief on how they will achieve a shared goal. These terms when viewed together can be understood as 'motivational processes', the act of initiating and maintaining actions that result in a shared and desired outcome (Rose & Norwich, 2014). Rose and Norwich (2014) illustrate the potential that motivational processes may have when resolving dilemmas. They argue that if there is a Collective Preference towards a group's goal, and there is a belief in the capacity of the group's ability to achieve such goals, alongside the belief that the established course of action will result in the desired outcome, then dilemmas which arise can be resolved by alluding to one of the belief mechanisms described here.

In the next section, I will discuss the role that one's professional group has in developing their Scope of Practice. I expand further on my argument by exploring the experiences individual professionals may have during multi-professional working and its influence on developing one's Scope of Practice.

## **2.5 Scope of Practice and Community of Practice**

Rose and Norwich's (2014) discussion regarding beliefs within a Collective Preferences framework demonstrate that personal interactions between individuals within a group have a role within multi-professional collaborative working. Wenger (1998) argues that many of the beliefs and values an individual will develop will come from the personal interactions they have with members of their professional community, often referred to as a Community of Practice (Lave & Wenger, 1991; Wenger, 1998). A greater appreciation of how professional groups may interact during multi-professional collaborative working

can be explored through an understanding of how a professional develops an understanding of their Scope of Practice in relation to other professional roles they interact with.

School-based professionals develop their Scope of Practice through the interactions they have as part of their involvement within a Community of Practice (Wenger, 1998; Papa, Rector & Stone, 1998; Bathmaker & Avis, 2005; Barwick, Peters & Boydell, 2009). However, school-based professionals can be a part of several Communities of Practice throughout their career (Papa, Rector & Stone, 1998). Individuals can join an existing School-based Community of Practice through periphery participation, such as enrolling on a teacher training course (Maynard, 2001; Johnston, 2016). Alternatively, a new Community of Practice can be established, such as when a multi-professional team is newly formed with the task of developing an intervention that supports a child with autism who is at risk of exclusion. When entering a profession such as teaching, through a teacher training course, the individual will be exposed to the explicit and tacit influences of a teacher training Community of Practice. Furthermore, professionals who work as part of a multi-professional team create a new Community of Practice with different processes. Such explicit and tacit processes can be further understood by exploring the processes of participation and reification (Wenger, 1998). These processes can overlap and interact across various Communities of Practice that are associated, such as those found within multi-professional teams composed of school-based professionals. Furthermore, tacit processes are less likely to become explicit through individual interviews due to their subtle nature, therefore group interviews may provide insight into the tacit processes that influence a professional group's Scope of Practice, through an exploration of the values held by the group (Cohen, Manion & Morrison, 2000).

Participation and reification are part of a duality process where one process cannot be considered in isolation from the other (Wenger, 1998). Participation is the direct interaction between members of the community and reification is the use and creation of artefacts or abstract resources to influence the behaviour and thinking of those within the community (Wenger, 1998). Such resources can be influenced by political, economic and ideological beliefs collectively held

by a Community of Practice, such as school-based professionals (Wenger, 1998). A relevant example of a participation and reification process for school-based professionals is applying for an Education, Health and Care Plan for a child with autism (Wenger, 1998; DfE & DfH, 2015). Processes associated with reification can be experienced differently by various school-based professionals such as teachers and educational psychologists. Teachers are likely to have more involvement with the development of lesson plans for a child with autism, whereas an educational psychologist will have a statutory duty in the assessment of a child for an Education, Health and Care plan. Professionals such as, teachers and educational psychologists are likely to have different experiences relating to their involvement with the assessment of a child with autism (Werner, 2011). This duality process of participation and reification will influence how an individual navigates relevant Communities of Practice and develops their Scope of Practice (Wenger, 1998). When the two professionals meet to discuss their work relating to a child with autism, they will have different approaches relating to their Scope of Practice. These variances in approach may affect the dynamics of a multi-professional team, resulting in the experiences of tensions by those professionals occupying the team. Wenger (1998) illustrates how an individual navigates within a Community of Practice by discussing imagination, engagement and alignment. I will discuss each of these terms in turn.

The term engagement refers to the interactions an individual will have with others within the Community of Practice. Through engagement, the individual who is entering a Community of Practice is exposed to those explicit and tacit processes and tensions that exist within a specific Community of Practice (Lave & Wenger, 1991; Wenger, 1998). They learn the collectively held values of a Community of Practice and the behaviours they ought to adopt in support of such values, such as the use of child-centric language in Individual Education Plans to promote positive esteem held by staff regarding children with challenging needs.

Imagination refers to a cognitive process that is internal to the individual professional. Once an appreciation for the dimensions, values, tensions and practices of a Community of Practice are developed, the individual can explore



varying possibilities; changes that can be made to the group's practice when fulfilling its role (Wenger, 1998). I suggest that this process is vital in how a school-based professional understands their Scope of Practice as it consolidates their learning of the role into a working practice.

Alignment is the process by which an individual matches their views to that of the values collectively held within a Community of Practice (Wenger, 1998). School-based professionals are exposed to the value systems that exist within the tacit and explicit processes of their respective Community of Practice (Brown & Duguid, 1991; Kruse & Louis, 1993). The extent to which they align themselves to such value systems is likely to vary from professional to professional. This may impact upon the development of shared goals during multi-professional working, due to the various belief systems and professional interactions, resulting in a less specialised understanding of one's Scope of Practice (Robinson & Cottrell, 2005).

Further examination into the group processes that occur within a Community of Practice such as the profession of educational psychology may provide insight into how professional groups relate to each other, the belief systems that emerge and how such factors interact to develop a profession's Scope of Practice.

In the next section I address how school-based professional roles may be viewed in relation to one another. I make specific reference to how professional roles that incorporate various aspects of other professional roles may help professionals relate to one another and help manage tensions during multi-professional working.

## **2.6 How professional roles are viewed in context**

Examining how professional roles are viewed within the context of multi-professional collaborative working may be beneficial when attempting to agree upon and enact a joint goal. A professional role can be described in terms of generic or specialised (Haslam, 2001). Generic roles can provide auxiliary support to specialised roles due to their flexible approach in their service delivery (Jansson & Parding, 2011). Within the frameworks of Social Identity Theory (Tajfel, 1972; Haslam, 2001) and Self-categorisation Theory (Turner,

1982), professional roles can be analysed within the context of one another, as opposed to applying discrete labels, such as generic or specialised, therefore providing an understanding of how professional groups may relate to one another.

An examination of how tensions are resolved during multi-professional working will provide insight into the nature of how professional groups relate to each other. I will now explain how professional groups may potentially relate to each other depending on the groups that are present.

Self-categorisation and Social Identity Theory suggest that groups are categorised based upon a shared domain e.g. biologists and chemists are likely to identify their role in terms of 'science'. Yet, one of these groups will perceive themselves to be more 'scientific' than the other. Self-categorisation Theory suggests that the categorisation of groups is influenced by which groups are present during a scenario (Haslam, 2001). If a group of artists were to be introduced into the scenario, then the biologists and chemists may view each other as 'scientific' in comparison to the group of artists, reducing the perceived gap in identity between the biologists and chemists. These two theories, when viewed together, suggest that one understands the boundaries of their group identity in terms of the presenting context (Turner & Oakes, 1986; Abrams, Wetherell, Cochrane, Hogg & Turner, 1990; Turner, Oakes, Haslam & McGarty, 1994; Hogg & Terry, 2000; Haslam, 2001; Turner & Reynolds, 2001).

When professional roles share a knowledge domain, they are likely to be able to relate together more readily across professional boundaries. If enough shared knowledge domains are present during multi-professional collaborative working, then tensions may be less pronounced and the professionals more adept at developing a shared goal and acting upon it. An example of this may be found in the collaborative framework of Lesson Study for Assessment (Norwich & Ylonen, 2015), where a Special Educational Needs Co-ordinator (SENCo), class teacher and educational psychologist work together to help develop an intervention for a child or group of children with Special Educational Needs (SEN) (Norwich & Ylonen, 2015). The SENCo, has experience with both SEN and teaching, which is not as robustly found in teachers and educational psychologists respectively, therefore they can bridge the 'knowledge gap'

between the three profession's, potentially acting as a mechanism that resolves tensions during the collaborative process.

The next section addresses the contextual factors that can influence the approach of school-based professionals when working as part of a multi-professional team that is developing an intervention to support a child with autism at risk of exclusion.

## **2.7 Contextual tensions**

Rose (2011) argues that tensions that affect a professional's ability to develop a Collective Preference is limited to control, role and identity. To explore and understand the tensions that may exist within a multi-professional team it is also important to understand the context and any situational tensions that may exist for a professional. The context a professional is faced with can influence their Scope of Practice. I make use of international and national examples of research that explore such tensions through discussing the challenges professionals experience when faced with management changes (the introduction of New Professional Managerialism), political and economic changes and challenges associated with identity when working collaboratively and independently.

### **2.7.1 Changes to professional management and autonomy**

Within this section I explore tensions relating to control through a discussion of New professional Managerialism (Exworthy & Halford, 1999) and its impact on school-based professionals.

Many activity theorists discuss how tensions can exist within a system such as those felt between the domains of a community and the division of labour i.e. their role (Engeström, 1999). This can be further understood as the tensions existing within a professional's relationship with their organisation and managerial structures (Jansson & Parding, 2011). Neo-Weberism argues that maintaining a control over a professionals Scope of Practice and application of specialised knowledge serves society, as it limits self-interest ventures (Andersen & Pedersen, 2012; Exley, 2014). For example, within educational psychology practice self-interest ventures may include developing passive income resources over complex case working (e.g. working with children who

display sexually harmful behaviour). Under Neo-Weberism, professional work should reflect the socio-cultural needs over professional pursuits that benefit the professional or the organisation they represent. Additionally, organisations may influence a professional's Scope of Practice by directing their workflow through a manager who is organisationally orientated i.e. 'New Professional Managerialism' (Jansson & Parding, 2011; Exworthy & Halford, 1999).

With the rise of neo-liberalism and austerity within England, there has been a rise in the number of children's services tendered out to private organisations (Ranson, 2003; Ball, 2009; Connell, 2013). This can impact how professionals are expected to work within schools and as part of multi-professional teams, compared to structures where New Professional Managerialism practices are less evident. School-based professionals may change location, where once they were co-located, resulting in a change in the collaborative working practices between the affected professional groups (Evetts, 2009; Evetts, 2011). Furthermore, with the increase in the number of school academies since 2010, who have greater autonomy in regulating their budget and purchasing support services, there is a change in the working relationship between schools and support (Whitty, 1997). A potential result of these changes is that schools may have a greater influence as they directly commission the service (Garrett, 2008). This may have a further impact on how professionals understand their Scope of Practice as part of a multi-professional team. They navigate the client's expectations of them and how they wish to practice (Matza, 2012; LeGrand, 2006).

This discussion of New Professional Managerialism and academisation of schools serves to highlight the tensions that can exist between a school-based professional, their organisation and associated organisations. Such tension can result in a change in how professionals understand their role and ultimately how they apply their practice. Such factors can impact on a professional's Scope of Practice when working as part of a multi-professional team.

In the next section I outline the role economic influences have on a professional's Scope of Practice. I describe the effect economic reforms can have on the role of a profession and the resulting tensions that can come about during multi-professional working.

### **2.7.2. How political and economic changes can Influence one's Scope of Practice**

Matza (2012) discusses the role of the psychologist within a traded service model. Matza (2012) demonstrates the motivational factors that may influence the professional behaviours a psychologist is likely to undertake within the social and economic context they are presented. The relationship between the psychologist and client is based upon an exchange of service for monetary gain. Monetary gain may influence the psychologist's practice to be in line with the expectations of the client. Matza's (2012) study highlights the tension psychologists may have experienced between their occupational values i.e. how they wish to practice and how their role is viewed i.e. how they are expected to apply their specialised knowledge (Wenger & Snyder, 2000; Wenger, McDermott & Snyder, 2002; Jansson & Parding, 2011; Noordegraaf, 2016).

The tensions Matza (2012) highlights serve to demonstrate some of the internal conflict that may be experienced by a psychologist during multi-professional collaborative working. A psychologist may be commissioned by an academy school to join a multi-professional team with an already established desired outcome, such as the development of an application of an Education, Health and Care plan for a child with autism. The educational psychologist may not necessarily agree with the approach taken by the other school-based professionals but is likely to experience tension relating to what is expected of them by those who commission their services against their own professional values (Evetts, 2011; Jansson & Parding, 2011). The psychologist must navigate such tensions as part of their Scope of Practice. This can create tension within a professional group on how they wish to practice and how they view themselves as professionals. Factors that influence a professional's identity and Scope of Practice will also impact upon their approach to multi-professional working

### **2.7.3 Delivering a curriculum**

Tzuo (2007) discusses the difficulty that teachers in early years settings may encounter between delivering a child-centred curriculum and a teacher directed one. Such difficulties can influence a teacher's professional identity and Scope of Practice. There exists contradiction and tension between a teacher orientated

and a child orientated curriculum (Engeström, 1999; Huxham & Vangen, 2005; Norwich, 2013). A child-centred curriculum places emphasis on nurturing the child's individual and emerging interests through choosing classroom activities, whereas a teacher-directed curriculum places more emphasis on a teacher's control in directing the child's learning.

The tension a teacher may experience here lies in how they identify with their role as an educator. They may view themselves as a facilitator or mediator in a child's early stages of learning. A mediator may actively engage with the child in their learning whereas a facilitator may arrange the learning environment in a manner that provokes certain activities that provide opportunities for learning. This can result in tension existing relating to the role and identity factors as discussed by Rose (2011), influencing their Scope of Practice. The argument Tzu (2007) makes is that tension exists and must be managed. The teacher can be challenged in how they understand their role as a mediator or facilitator within a wider multi-professional context. As part of a multi-professional collaborative team, an educational psychologist may suggest a change to a teacher's approach to a specific child, which has ramifications on their approach to the rest of the class. If such tension is not managed, then it may be experienced as a dilemma where a decision must be made to adopt, or compromise one approach over another (Norwich, 2013). The result of the decision may impact on how the teacher understands their Scope of Practice within another multi-professional team. Decisions that change one's understanding of their Scope of Practice will also impact upon their views regarding their professional identity.

#### **2.7.4 Tension, dilemma and identity**

Gallagher and Carlisle (2010) discuss the difficulty identity can play when attempting to work across historically conflicting communities within Northern Ireland. The seemingly opposing communities of Nationalist and Unionists have schools that are dominated by their respective communities. Communities play a central role in the development of one's identity as interactional experiences will shape an individual's world view (Wenger, 1998). Gallagher and Carlisle (2010) describe the challenges that can emerge around decision making where one community stands to benefit over the other. Norwich (2013) goes on the

explain that such decisions often result in a domain of value being lost as another is gained. Depending on the outcome one community will feel they have benefitted, whilst another will experience loss. Such decisions can be difficult to manage due to the tensions that can exist.

Within this section I have outlined the varying types of tensions a school-based professional may be exposed to. These tensions can impact on how the professional understands their Scope of Practice and ultimately influences how they approach their role when working with others.

In the next section I will provide some concluding thoughts and directions for future research.

### **2.7.5 Conclusions and directions for further research**

Professionals engaged in collaborative working regarding complex cases are likely to experience tension and conflict (Colombo et al, 2003). Such cases can include developing an intervention through multi-professional collaborative working that supports a child with autism who is at risk of exclusion from their mainstream education placement. Collective Preferences as described by Rose & Norwich (2014), is a theory that provides a framework by which such topics can be investigated, as it addresses the interactive social processes by which professionals may come to a joint decision and resolve the conflicts they experience.

Rose (2011) investigated the use of Collective Preferences through individual interviews in relation to experiences of conflict when working as part of a multi-professional team. Her research identified themes of control, identity and role, as being central to experiences of conflict when working as part of a multi-professional team (Rose, 2011). However, Rose's (2011) study did not investigate whether the themes of control, identity and role were replicable within professional groups where tacit forms of communicating are present. Communities of Practice describes the processes by which collectively held beliefs can form (Wenger, 1998). Investigations into the held group beliefs of professionals are important as it is through interactions within a professional group, that individuals and groups form their professional role and identity (Wenger, 1998). Investigations that probe deeper into the development of how

professional groups understand their Scope of Practice may provide insight into how school-based professionals within a multi-professional team relate to each other.

There is limited empirical research that investigates the actual strategies used by professionals within 'real-life' situations. The research surrounding Collective Preferences appears to be limited to interviews (Rose, 2011), theoretical frameworks (Rose & Norwich, 2014) or hypothetical scenario-based investigations (Colman, et al, 2008). An investigation that addresses the interactions of school-based professional groups is likely to provide information relating to how professionals manage and resolve conflicts within their practice. Furthermore, there is rationale for investigations that incorporate real world contexts including the factors that influence one's Scope of Practice and subsequent approach to multi-professional working. Such investigations will serve to highlight the interactions between a real-world context and professional Scopes of Practice on multi-professional collaborative practices. This information would have the potential to inform professional practice within a multi-professional collaborative context.

Given the arguments presented within this overview of the literature it is possible to conclude that a greater understanding of the perceptions of multi-professional collaborative working and management of tensions is required. Therefore, further research that investigates the theoretical validity of Collective Preference (Rose & Norwich, 2014) when managing tensions during multi-professional working, when supporting a child with autism at risk of exclusion, is required. Development of an intervention that supports a child with autism who is at risk of exclusion is an appropriate topic to explore when investigating the utility of Collective Preferences, as it encapsulates the challenges of supporting a child with needs, who also has a social label, meaning that professionals will need to navigate complex domains in how best to support the child, when arriving at a decision. Additionally, research that explores the held beliefs of professional groups surrounding their Scope of Practice will provide information on professional approaches to multi-professional collaborative working. Therefore, it is likely to be beneficial to investigate how school-based



professionals develop interventions for children with autism who are at risk of exclusion when working as part of a multi-professional team.

## **Chapter 3: Methodology**

The process of stating, explaining and justifying research designs is more than just an exercise of academic rigour. DeVaus (2001) suggests that you can find evidence to support any theory. Therefore, robust research designs are necessary to provide clarity when disseminating the gathered evidence. The process of selecting an appropriate research design also reduces the possibility of relying on 'favoured approaches' regardless of the research topic of interest (Robson, 2011). The research designs I have developed over the two phases facilitate group interactions. It is essential that the participants can interact as I wish to elicit how such interactions impact on decision making, dilemma resolution and collaboration during multi-professional working. Robson (2011) discusses the importance of research designs being developed considering the research questions. My research questions are a guideline in the development of the research design that I have adhered to. Next, I will outline the aims of my research and the associated research questions for each phase of my research design.

### **3.1 Aims of the research**

To explore how professionals working as part of a multi-professional group develop an intervention for children who have autism spectrum condition and are at risk of exclusion. My research is taken from the perspective of inter-professional tensions, dilemmas and Collective Preferences in decision making.

**3.1.1 Phase 1 Aim:** To explore the perceptions that professional groups hold regarding the purpose of multi-agency working and the tensions they encounter when working as part of a multi-professional team developing an intervention for a child at risk of exclusion, who has autism.

#### **3.1.2 Phase 1 Research Questions**

1. What do professionals consider to be the strengths and limitations of multi-agency working when working as a multi-professional group developing an intervention for a child at risk of exclusion, who has autism?
2. How do professional groups understand their 'Scope of Practice' when working as a multi-professional group developing an intervention for a child at risk of exclusion, who has autism?

3. What type of tensions are recollected by professional groups when discussing multi-professional working?

**3.2.1 Phase 2 Aim:** To explore how professionals enact joint decisions when working as part of a multi-professional team developing an intervention for a child at risk of exclusion, who has autism.

### **3.2.2 Phase 2 Research Questions**

4. What types of dilemmas arise during multi-professional meetings regarding the development of an intervention for a child at risk of exclusion, who has autism?

5. In what ways do professionals arrive at a decision when working as part of a multi-professional team developing an intervention for a child at risk of exclusion, who has autism?

6. What type of decisions do professionals arrive at during multi-professional working, when developing an intervention for a child with autism, who is at risk of exclusion?

### **3.3 Philosophical approach to the research**

In this study, I adopt social constructionism as my epistemological stance. Social constructionism assumes that human reality cannot be documented in a way that is universally applicable (Burr, 2013; 1995 Gergen, 1985). It suggests that psychological knowledge constructs the nature of psychological states, processes, conflicts or negotiations in the world; these constructs cannot be objective as individual experiences of the social world is interpretively unique. Social constructionism views the discourse about the world as an artefact of communal exchange, rather than an accurate representation of reality (Burr 2013: Weinberg, 2014). Relationships between professional groups are rooted in communal exchange. Therefore, discourse can promote change in social relations within reality (Norwich, 2000; Gergen, 1985).

There are a broad range of epistemological positions within social constructionism. Some social constructionists state that there is nothing 'beyond the text' (Burr, 2013), suggesting that reality is entirely language based. However, Hacking (1999) posits the view that the search for objective truth is necessary. Nevertheless, Hacking (1999) continues to describe how the search

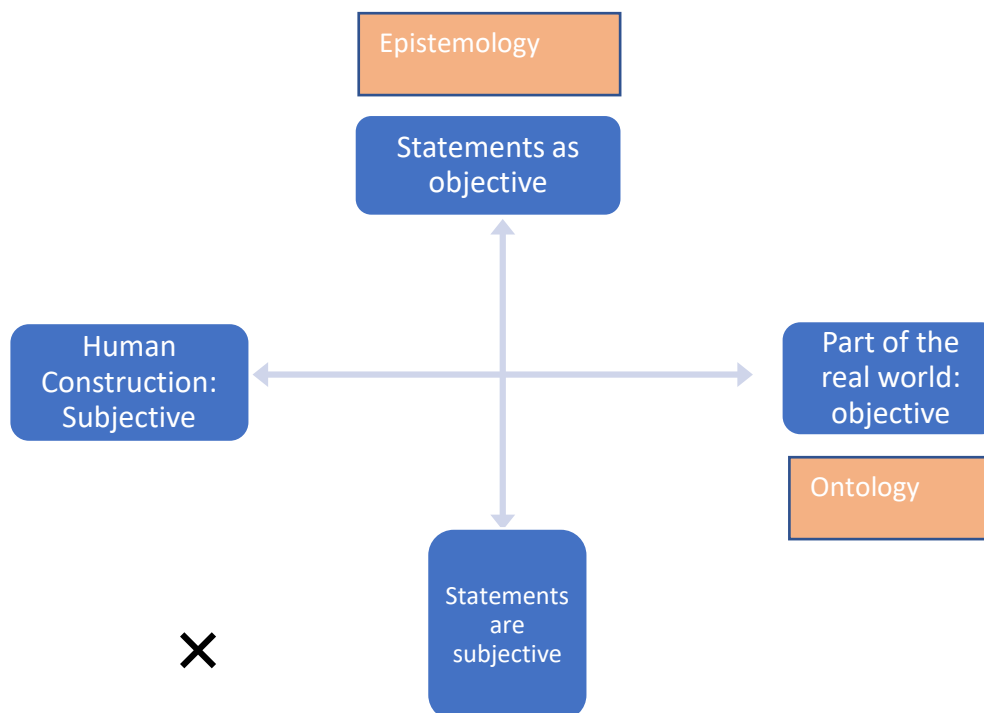
for objective truths has resulted in social constructionist research being treated as concrete and not open to challenge when it should be. Therefore, Hacking (1999) values the notion of objective truths yet emphasises the importance of exploring how concepts and social interactions are understood and applied within a social world. Weinberg (2014) builds on Hacking's (1999) argument suggesting that social constructionist research that aims to illustrate how the social world is conceptualised and understood is slowly moving towards an objective truth.

Weinberg (2014) discusses two types of varying truths, 'analytical', and 'synthetic'. Analytic truths are those that are rooted in conceptual comparisons, e.g.  $2+2=4$ . These truths are rooted in shared language and concepts that have been socially created and are deemed true based on their consistency within a social world (Weinberg, 2014). Synthetic truths are of concern to social science. The degree to which something is regarded as true is based upon their comparable relationship to the social world. The theories I have discussed hitherto can be viewed as synthetic truths as their validity is rooted in their ability to provide an understanding of events within a social world.

Collective Preferences (Rose, 2011) is well suited to a social constructionist epistemological approach that explores synthetic truths. As a theoretical framework, it attempts to document some of the psychological processes within multi-professional working. It achieves this by outlining the processes that may account for conflict resolution and the nature of the tensions that professionals are likely to experience as part of their roles. I do not accept Collective Preferences as an objective or definitive theory that accounts for all possibilities regarding the social interactions within multi-professional collaborative working in support of children with ASC. I accept Popper's (1992) view that all theoretical knowledge is fallible, as an empirical case can disprove a general theory. I have demonstrated this awareness already through explorations of other relevant theories, i.e. Social Identity Theory (Tajfel, 1972: 1982) and Communities of Practice (Wenger, 1998) and consider their combined efforts to explain social phenomena. I suggest that Collective Preferences (Rose, 2011) and the other theories I have discussed, provide a useful theoretical framework for understanding and examining the inter-personal interactions and perceptions

that can lead to more in-depth investigations and a richer understanding of the dynamics of multi-professional collaborative working. I aim to compare such theoretical frameworks with the social world. Through such comparisons and theoretical challenges, I can contribute to scientific knowledge. This approach is in line with Weinberg's (2014) discussions regarding synthetic truths.

My position can be further understood by exploring Searle's (1992) model of ontological and epistemological dimensions. Searle's (1992) model demonstrates that some statements about the world can be considered as objective, such as the existence of Mount Everest. This mountain is likely to exist without human interaction or interference. However, the shared narrative and symbolism associated with Mount Everest require human discourse, providing meaning on the significance of the mountain. Statements about the reality of the social world require a shared construction and interpretation of events. I am concerned with the meaning and understanding surrounding social events, rather than obtaining an objective (or analytical) truth. I argue that these exist along a subjective-objective pane.



**Figure 1.1:** *Model of epistemological and ontological dimensions, adapted from Searle (1992).*

My claim is that multi-professional collaborative working, and its associated artefacts do not exist without a shared human construction and interpretation. It is through interactions within multi-professional groups that meaning and understanding are co-created. Additionally, such interactions are influenced by the contextual factors external to the multi-professional group. Therefore, I view reality as socially constructed, and statements within that reality are open to interpretation when providing meaning.

### **3.4 Methodological stance**

A methodological stance considers how one views the world and finds out about it. It encapsulates ontological and epistemological understandings which determine the research approach and methodological stance. Epistemology is the study of the nature of knowledge and is central to any methodological stance taken. Epistemology influences how we measure what is studied or investigated. Crotty (1998) defines epistemology as,

*“The theory of knowledge embedded in theoretical perspective and thereby in the methodology.” (P.3)*

The research approach taken in this study is interpretivism. My study addresses how meaning and behaviour are shaped and understood through intra and inter-group interactions. The collected data relates to social interactions, and intersubjectivity creates shared meaning (Kim, 2001). I suggest that the meaning associated with multi-professional collaborative working can be brought to the fore through examination of the social interactions within these groups, and by investigating the shared perspectives professional groups hold regarding multi-professional collaborative working.

Critics of an interpretivist standpoint suggest there is bias on behalf of the researcher. This is the concern that the values and views of the researcher will be inevitably interwoven with the analysis of the data and consequently not representative of the collected data. However, Thomas, (2017) argues that striving for objectivity limits researcher bias. I demonstrate my desire for objectivity by sharing my positionality and background within this chapter and the introduction. Furthermore, Crotty (1998) highlights that the philosophical position of social constructionism suggests that striving for objective facts are

not entirely achievable. Rather than striving for an objective truth I am constructing the range of views and values associated with multi-professional collaborative working and the beliefs associated with such a process.

### **3.5 Sampling and Participants**

#### **3.5.1 Sampling**

To investigate group interactions when discussing multi-professional collaborative working supporting children with autism, I needed to identify which professional groups were appropriate for participation. Subsequently, I was tasked with recruiting participants from these identified professional groups. Within this section, I discuss the sampling approach I took. How participants were divided into their respective groups is discussed within the design sections of each research phase.

Opportunity sampling was used across both phases. This sampling method was used as it was both time and cost efficient (Robson, 2002). The samples consisted of those in the target population who were willing to take part. The target population consisted of professionals working within the one local authority and belonging to one of the following professional groups:

- Communication and Interaction Advisory Team
- educational psychologists
- speech and language therapists
- SENCo (Special educational needs co-ordinator)

A limitation of opportunity sampling is that it is less representative of the general population, as those willing to participate are more likely to exhibit strong opinions (Robinson, 2014). However, my research aimed to explore, illustrate and illuminate, therefore opportunity sampling was deemed most appropriate.

The sample was taken from a unitary Local Authority within the South West region of England. This authority has a population of approximately 300,000. The public services are in part commissioned through private organisations and the public sector.

The educational psychology service is commissioned through the local authority, with five educational psychologists commissioned to work within a community interest company to deliver the role to primary schools. The Speech and language therapists can either be commissioned through the NHS directly or through a public company. This is dependent on the region of the local authority. All the SENCo's within the study were primary school based. The Communication and Interaction Team is commissioned directly by the local authority.

A significant challenge I faced in identifying participants is that it had the potential to conflict with my role as a Trainee Educational Psychologist. I worked regularly with several professionals across the authority who were familiar with me as a professional. This had the benefit of having an established rapport with these individuals, but it also could influence their responses during the study. I was in a position where I was required to work with some familiar professionals due to a limited number of potential participants but where possible I recruited participants I was less familiar with. I managed these relationships by making it clear that I was in a researcher position and they should not assume I know what they are thinking or feeling, I also encouraged them to speak honestly and freely and that the data gathered will not be shared with anyone.

### **3.5.2 Recruitment**

In recruiting participants, emails were sent to colleagues within the Communication and Interaction Team (professionals who specialise in supporting children communicate and engage in social interactions). and the Educational Psychology Service. SENCos were approached through colleague educational psychologists, or directly by me, through pre-established working relationships. Emails were sent formally requesting participation along with information regarding the research. Speech and language therapists were recruited through gatekeepers. These individuals were usually the managers of a team of speech and language therapists, identified through the local knowledge held by my educational psychology colleagues. Emails requesting participation were sent to speech and language therapy managers and followed up with a phone call where interest was expressed. All potential participants



(who expressed an interest in participating) received an information sheet (see Appendix K) with details of the research and contact details. Those who confirmed their willingness to participate were provided potential dates for meeting by myself.

The recruitment of speech and language therapists proved challenging. Within the local authority, speech and language services are usually commissioned through the National Health Service (Lindsay, et al, 2005). There are also a considerable number of discrete speech and language therapy teams that do not regularly interact with one another. Consequently, the identification of key individuals within the speech and language profession, who could facilitate in identifying potential participants was challenging. Furthermore, as the profession was commissioned under health services, I was not afforded regular contact with individuals within the profession, and thus sought the support of fellow educational psychologists to identify speech and language therapists who might be interested in participating in my research.

### **3.5.3 Inclusion criteria**

The inclusion criteria for participation was based on belonging to any of the identified professional groups (see section 3.5.1), in the local authority, that works with children who have autism within mainstream education. The groups were identified as appropriate for participation by examining the NICE guidelines on autism spectrum diagnosis pathway (NICE, 2017) and guidelines on good practice (NICE 2012; 2014). These documents provide information on which professionals are likely to be involved when supporting children with autism in schools. Through this, and my own professional experience, I was able to identify the professional groups that would typically collaborate when supporting a child with autism who is at risk of exclusion. A total of 20 participants made up the sample population. Some participants contributed to both phases of research due to belonging to small professional groups within the local authority (e.g. Communication and Interaction Team).

### **3.6 Ethical considerations**

Ethical Approval was sought and granted from the Graduate School of Education, University of Exeter Ethics Board before data were collected (see Appendix C).

In line with the HCPC (2016) Standards of Proficiency informed consent was gained from all participants prior to interviews commencing (see appendices for an information sheet and consent forms). Participants were informed of their right to withdraw at any time, further to this contact details were left with participants in case they wished to have any further information or withdraw. Also, participants were informed that on request their transcripts could be sent to them and any amendments made before the analysis.

In line with the BPS Code of Ethics (BPS, 2018), confidentiality was maintained throughout the research and all data collected was anonymised, and all transcripts were fully anonymised before use. All raw data collected was stored securely on a password protected computer only accessible to me as the researcher. An ethical consideration I addressed regarded the sensitive nature of the subject matter being discussed. Therefore, the participants' responses were fully considered with clear guidance on how the collected data would be used. Also, reiterations that participants were to be respectful of each other's views during and after each session. The methods used allow the flexibility for participants to contribute as little or as much as they felt comfortable and although some prompts were used, as the researcher I was mindful about the sensitive nature of the topic, of the participant's responses and when prompts should or should not be used. In addition to this, I was mindful that there might have been aspects of conflict and challenge that arose between participants in phase two. Therefore, these were monitored carefully to ensure that all participants were reasonably content throughout the process. It was reiterated that participants could withdraw at any time. Following the data collection, participants were reminded that if they wished to see their transcripts, amend any of their responses or withdraw, then they could do so at any time, before the analysis of the transcripts. my contact details were left with all participants, and they were informed that they were able to contact myself at any point following the interviews.

### **3.7 Critique of trustworthiness of the research design**

My research design can be critiqued by using Guba's (1981) four criteria for accessing trustworthiness in qualitative research:

#### **3.7.1 Credibility**

Carboni (1995) discusses credibility as the conscious effort to establish accurate representation, interpretation and meaning of the data. The current study adopted thematic analysis; a well-established approach used in analysing qualitative data. I make efforts to adhere to a widely accepted framework for completing a thematic analysis, outlined by Braun and Clarke (2006) (discussed further within the data analysis sections). I made efforts to ensure that honesty from participants was ensured. I achieved this by making them aware of their right to withdraw from the research and assuring confidentiality and providing opportunity for participants to comment on the representation of the transcribed data. My research was scrutinised at each stage including the design planning stage, the coding of data, and dissemination of findings; feedback was taken on board. This process is consistent with the advice offered by Shenton (2004). The research has been examined against previous findings from relevant literature to check for congruity or areas of contrast, a technique described by Silverman (2000) as a critical criterion in disseminating findings from qualitative analysis. The outline of the procedure I undertook to ensure the credibility of my research is documented within Appendix J.

#### **3.7.2 Transferability**

Transferability is related to the extent to which findings from one study can be applied to other situations (Merriam, 1995). It is the responsibility of the researcher to detail the context of the findings in order that the reader can transfer the findings to a broader population (Polit & Beck, 2010). A description of the data collection context is outlined in the introduction section. Cronbach (1975) highlights the importance of recognising that some factors are unique to a setting and these will impact on the generalisability of the findings. Patton (2002) suggests that extrapolations from qualitative data are thoughtful, logical and problem-orientated, meaning that findings from qualitative data should be applied with considerations to the congruence between the 'sending setting' and the 'receiving setting' (Lincoln & Guba, 1985). I recognise that the data were

collected within a single local authority. Although this may limit the transferability of my findings across local authorities, it does allow for professional groups to be compared adequately, as there is less interference from contextual variations between local authorities.

I also recognise that opportunity sampling means there is an increased likelihood of extreme views being represented over that of the typical representative of the target population. However, the research is designed to elicit the range of views that are available rather than depicting an accurate representation of a population's views. Furthermore, the current research is comprehensive in design, meaning that the research questions are relevant to the context. I recognise that my findings may be limited in their ability to be replicated across various contexts.

### **3.7.3 Dependability**

Dependability relates to the reliability of the research; if the research were to be conducted again, in the same context, similar themes would be found. I have provided an in-depth description of the research process, design, interview schedule (Appendix F), vignette (Appendix D) and a critical appraisal of the research throughout the main text. The overview of my research design and materials allows other researchers to be able to repeat my research. However, I lean towards Florio-Ruane's (1991) argument that the findings within my research may be "static and frozen in the 'ethnographic present'" (Shenton, 2004, p. 71). Therefore, similar findings may not emerge in future replications.

### **3.7.4 Confirmability**

Confirmability relates to my efforts, as the researcher, towards objectivity (Shenton, 2004); the efforts I make to reduce any biases I may possess when analysing and interpreting the data. This approach is to ensure that the findings are reflective of the experiences of the participants as opposed to the preferences or expectations of the researcher. Triangulation of data can limit such biases, e.g. comparing data gathered from participants to that of field notes (see Appendix I). I also provide an outline of my positionality early in the methodology chapter. My positionality operates to justify the research methods through a discussion of my philosophical stance. The inclusion of the research

process, design and analysis of the data, allows the reader to make their judgements about the confirmability of my findings.

Further to Guba's (1981) four criteria for ensuring trustworthiness I considered the authenticity and transparency of my research.

### **3.7.5 Authenticity**

Authenticity refers to the attempts I made to remain true to the phenomenon under study (Hammersley, 1992). To be considered authentic research must portray findings that reflect the meaning and experiences that are lived and perceived by the participants (Sandelowski, 1986). As part of this portrayal I had to be aware of the influence I could have on the ability of participants to share. At times I found it challenging to reduce my influence, most notably during the discussion group data collection. The reason for this was that I was a non-active person in the room taking notes. I was aware that my presence could impact on how the participants behaved, with some participants possibly changing their behaviour to be more in line with a perceived expectation of what I wanted from their participation. Although I tried to limit this with reassurances of my expectation was for them to act as they would in their daily role, this cannot completely reduce the impact I may have had on their behaviour.

A further challenge to ensuring the authenticity of the data collected presented within the focus groups. When groups were questioned about organisational or managerial influences on their role, I was often met with a reluctance to share. This suggested to me that this topic was sensitive in nature but equally vital to document in understanding the Scope of Practice of each professional group. Therefore, to gather the views of the participants I reassured them of the confidentiality their responses would be treated with. Such reassurance allowed to participants to share their views and experiences; however, I cannot eliminate the possibility that their responses were not reserved, limiting the portrayal of the true lived experiences of the participants.

Authenticity of qualitative research moves beyond data collection into data analysis and dissemination as well. Thorne (1997) stressed the need for interpretations of data to reveal some truth external to the researcher's experience. No interpretation can be completed without some degree of

researcher bias, as their lived experiences will influence how they interpret the data, for this reason I have provided my positionality as a researcher, with a synopsis of my history. Such openness provides the reader with an element of transparency in how I made my interpretations from the available data.

Topics related to the transparency of completing the research will be discussed next.

### **3.7.6 Transparency**

Moravcsik (2014) highlights the importance of making the essential components of one's research accessible, this is known as research transparency.

Transparency has three different elements, these concern 'data', 'analysis' and 'production' (Moravcsik, 2014).

Data transparency provides the reader with means to assess the broader claims of the research. I have provided this with documentation of my analytical procedure. Further to this I have outlined examples of the procedures I have taken in the coding and analysis of my data in appendices 7 and 8. Finally, data excerpts supporting any claims are highlighted throughout the findings sections.

Analytical transparency provides the reader with the interpretative process undertaken by myself (Moravcsik, 2014). I have discussed in-depth the rationale as to why I have adopted an abductive analysis approach and how this was achieved within the Data Analysis sections. Additionally, analytical transparency, provides the reader with a context of where the research took place, which I have outlined in the introduction (Moravcsik, 2014). Furthermore, the alternative explanations and contradictions within my findings and discussion chapters are highlighted where appropriate. Therefore, the reader can decide to what extent they agree with my interpretations.

Finally, production transparency grants the reader access to the methods I have used and the justification for such methods. Throughout my thesis I have discussed the rationale for my design choices in light of the research questions, my philosophical approach and the relevant theories from the broader literature.

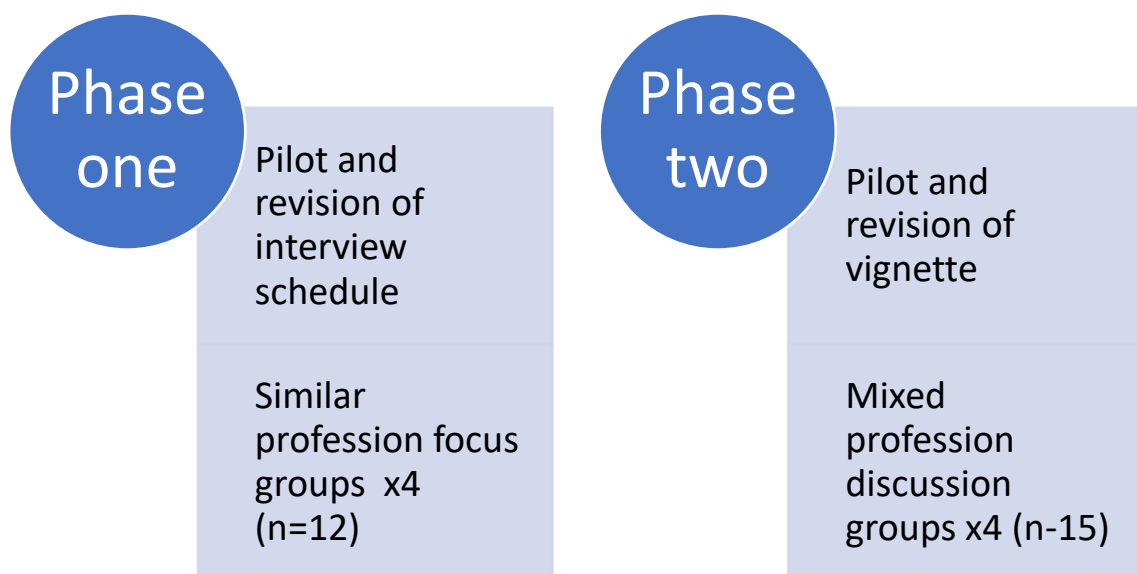
In the next section, I outline the designs of my research and the justification for my chosen methods.

### 3.8 Overview of both research design phases

The research consisted of two phases. The initial phase was to address within group knowledge creation and understanding of professional scope of practice through focus groups. The second phase consisted of discussion groups designed to reflect real world practices and the contextual factors that interact with multi-professional decision making.

The research is a case study design. It was important to limit wider contextual factors that were not present within the everyday practice of the professionals. To discuss wider factors such as the organisational structures present within other local authorities would result in discussions that were not reflective of the daily participation and reification processes present within Communities of Practice (Wenger, 1998).

Figure 3.1 visually represents the design of each phase.



**Figure 3.1:** An outline of the two design phases.

#### 3.8.1 Overview of participation

A participant list is provided below. It outlines which professional groupings participated within the study and which participants contributed across both phases. Cross phase participation was deemed necessary as certain

professional groups were limited in the number of professionals that could potentially participate.

*Table 1:* Participant contribution across both phases.

Phase one	Phase two
<b>Focus group one</b> <ul style="list-style-type: none"> <li>• Educational psychologist 1</li> <li>• Educational psychologist 2</li> <li>• Educational psychologist 3</li> </ul>	<b>Discussion group one</b> <ul style="list-style-type: none"> <li>• Communication and interaction team worker 2</li> <li>• Educational psychologist 2</li> <li>• SENCO 4</li> <li>• Speech and language therapist 4</li> </ul>
<b>Focus group two</b> <ul style="list-style-type: none"> <li>• Speech and Language therapist 1</li> <li>• Speech and Language therapist 2</li> <li>• Speech and Language therapist 3</li> </ul>	<b>Discussion group two</b> <ul style="list-style-type: none"> <li>• Communication and interaction team worker 4</li> <li>• Educational psychologist 4</li> <li>• SENCo 5</li> <li>• Speech and Language therapist 5</li> </ul>
<b>Focus group three</b> <ul style="list-style-type: none"> <li>• Communication and interaction team worker 1</li> <li>• Communication and interaction team worker 2</li> <li>• Communication and interaction team worker 3</li> </ul>	<b>Discussion group three</b> <ul style="list-style-type: none"> <li>• Communication and interaction team worker 3</li> <li>• Educational psychologist 5</li> <li>• SENCo 2</li> <li>• Speech and Language therapist 6</li> </ul>
<b>Focus group four</b> <ul style="list-style-type: none"> <li>• SENCo 1</li> <li>• SENCo 2</li> <li>• SENCo 3</li> </ul>	<b>Discussion group four</b> <ul style="list-style-type: none"> <li>• Communication and interaction team worker 3</li> <li>• Educational psychologist 1</li> <li>• SENCo 3</li> </ul>



### **3.8.2 Design of phase one**

Psychological research can yield qualitative data which is the collection and analysis of non-numerical data which provides description and explanation of peoples meaning-making experiences of phenomenological events (Lyons, 2007). Collection of qualitative data is appropriate for the current phase of the study as participants discussed their 'Scope of Practice' and how it related to their understanding of the contexts in which they deliver their professional practice and their views regarding multi-professional collaborative working when supporting children with autism at risk of exclusion.

### **3.8.3 Data collection methods**

#### **3.8.3.1 Focus groups**

Focus groups using a Semi-Structured Hierarchical Focussing Interview approach were used to collect data (Tomlinson, 1989). This method was used due to its flexibility in approach and its ability to explore complex and interactive factors. The use of focus groups encouraged responses that were reflective of the collective values and beliefs of each group. Exploring differing perceptions was important as the research was interested in the participant views and the interactions of each group.

Focus groups using a Hierarchical Focussing Semi-Structured Interview Schedule (Tomlinson, 1989) combined to create an appropriate method for exploring the views discrete groups collectively held on a given topic, such as multi-professional working. Furthermore, semi-structured interviews limit the possibility of leading or close-ended questions yet accommodated the use of prompts for an in-depth exploration of relevant topics (Tomlinson, 1989). Together they facilitated the collective generation of knowledge in line with a social constructionist perspective, i.e. knowledge is created through discussion. Focus groups allow the research questions to be answered by developing rich qualitative data through the interactions between the participants, gathering an in-depth understanding of how groups generate shared knowledge and understanding. The interviews were conducted by myself.

### **3.8.3.2 Interview schedule**

To facilitate group discussions, an interview schedule that was reflective of the literature was required (see Appendix F) This ensured that the resulting conversation was relevant to the broader literature available, therefore making the subsequent analysis a valuable contributor to theoretical knowledge (Robson, 2011). Tomlinson (1989) suggests that developing a concept map (see Appendix E) provides clarity regarding which areas would be beneficial in exploring given the context of the research questions. The concept map acted as an initial point of development for the interview schedule as it was a reliable means to conceptualise the main topic areas, I wished to explore with the participants based on the relevant literature.

Some limitations were considered for using semi-structured interviews, such as issues relating to social desirability bias, participants responding in a manner that would have them viewed in a particular way (Grimm, 2010). Such concerns are limited within my research design as I am investigating how groups collectively express their beliefs and values.

### **3.8.4 Procedure**

Focus group interviews lasted between 45 minutes and one hour. Upon arrival at the venue participants were welcomed by myself and shown to the room where the data collecting session would occur. They were informed of what to expect from the session and their role within it. There they were also offered the opportunity to look at the information sheet and sign the consent form if they were not already completed. Introductions between participants were made and a brief introduction to the research topic was given, followed by the sequence of questions. The termination of each interview was determined by the responses of participants. When I felt that contributions were exhausted, I asked if there were any more points that participants wished to make or share. If there were none, the session was ended.

Acting as the interviewer and managing time expectations of the participants, was something I was acutely aware of when collecting data. Participants kindly gave up their spare time to support me in my research; I did not want to keep them longer than was necessary. The challenge presented to me was

maintaining my focus on what was being discussed whilst also moving through the interview schedule in a timely manner that allowed participants to make adequate contributions to each question. Upon reflection, I felt I had too many question prompts, the participants were skilled at exploring the topical areas with little mediation from myself. I became less reliant on the prompting questions with each session, focusing more on the broader questions and exploring perspectives in depth. The participants usually explored the prompting question in some capacity, without my intervention.

### 3.9 Participant groupings

A total of 12 participants took part in four focus groups for phase one of the research. Participants were separated into their professional groupings (three participants per group) and interviewed as a focus group using a semi-structured interview schedule (Tomlinson, 1989).

**3.9.1** Table 1.1: *Focus group participant demographics*

Focus Group	Number of Participants
educational psychologists	3
speech and language therapists	3
Communication and Interaction Team workers	3
SENCoS	3

Critics of focus groups argue that more significant numbers of participants are required to provide a greater diversity of perspectives (Bryman, 2012).

However, Morgan (1998a; 1998b; 1988) argues that larger groups are best used when the researcher wants to glean brief and numerous suggestions.

Bryman (2012) continues the argument by suggesting that diversity of opinion is beneficial when the participants have had little involvement with the topic being discussed. However, within the context of my research, participants are regularly involved with the topics being discussed and have a wealth of experience and relevant knowledge. Furthermore, cases involving a diagnosis of autism are often complex (Arishi, Boyle & Lauchlan, 2017) and participants require the opportunity to explore their views in depth. Therefore, I agree with

Morgan's (1998a; 1998b; 1988) advocacy that smaller groups are appropriate to use when the topic is complex and requires an in-depth exploration.

### **3.10 Pilot Study**

The interview schedule was piloted in order to ensure that the questions were relevant, accessible and that responses from participants would be appropriate in answering the research questions. The pilot participants consisted of two educational psychologists from a different local authority. The interview schedule was then amended based on feedback. Amendments included: clarifying questions and rewording questions to encourage responses and discussion (see Appendix F).

### **3.11 Data Collection**

The data was collected was recorded using digital recording equipment. The audio was then transcribed verbatim by the researcher and participants were informed that they may request to review their transcriptions or amend if they wished to.

### **3.12 Data Analysis**

The data were analysed using an abductive thematic analysis method. This approach integrates an inductive and deductive thematic analysis approaches. The researcher continually switches between a data-driven and a theory-driven approach when coding the data (Fereday & Muir-Cochrane, 2006). I opted to use a thematic analysis approach, as outlined by Braun and Clarke (2006; 2013) due to its flexible nature, not owing itself to any ontological or epistemological standpoint as Braun and Clarke (2006) describe,

“Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data” (Braun & Clarke, 2006, p.78).

An inductive analysis is often associated with a grounded theory approach. This data-driven approach, although widespread and with merit in developing new theories, is less effective at marrying the analytical approach with broader

theoretical and empirical findings (Tavory & Timmermans, 2013). A deductive analysis is often associated with developing conclusive findings. Tavory and Timmermans (2013) highlight that a combination of the two approaches through abductive analysis allows phenomena to be compared to other related observations while creating new knowledge. Morgan (2007) quotes:

“An important question is the extent to which we can take the things that we learn with one type of method in one specific setting and make the most appropriate use of that knowledge in other circumstances” (Morgan, 2007, p. 72).

Reference to previous empirical findings is particularly relevant within the context of my research. Highlighted within the literature review is the importance placed on relevant theories in understanding decision making and ‘Scope of Practice’ within multi-professional working. I aim to investigate how such theories apply within the context of my research, while also developing the knowledge surrounding such theories.

The strengths of abductive analysis lie in the continuous process of conjecturing about the world and how it is constructed (Tavory & Timmermans, 2013). Those who use abductive analysis acknowledge the impact theories can have when interpreting data (Tavory & Timmermans, 2013). Theories themselves are social constructs that help provide meaning to social phenomena. An abductive analysis approach allows researchers to expand upon existing theories. This is what I aim to achieve in my research.

Braun and Clarke (2006) suggest that research designs that set out to answer specific questions should incorporate a theoretical framework into their analysis as this approach relates to what has been explored previously. Data-driven or inductive designs allow research questions to emerge or evolve as the coding process continues. As part of my research I have already established questions; therefore, a purely inductive analytical approach was not appropriate and theoretical frameworks were incorporated into the analysis of the data.

The transcripts were analysed initially at the group level and then the cross-group level. Themes were found from the codes. The cross-group analysis

yielded themes depicting the similarities and differences between the groups. A detailed account of how the data was analysed is provided next.

### **3.12.1 Completing the thematic analysis**

Procedures outlined by Braun and Clarke (2006) attempt to pinpoint, examine and record patterns (themes) in a dataset. I followed such procedures in six stages: data familiarisation (reading and re-reading); initial code generation (documenting initial patterns by collapsing data into categories); searching for themes (combining codes into over-arching themes); review (exploring how themes support data); defining themes (describing what aspects of data are being captured); and writing-up (deciding which themes make meaningful contributions to an understanding of the data) (Braun and Clarke, 2006). Completing the analysis was an iterative process, meaning that returning to previous stages was done in order to generate as accurate an analysis as possible.

**3.12.2** Table 2: *The stages of analysis adapted from Braun and Clarke (2006)*

Stage	Procedure
Data familiarisation	<p>I transcribed and repeatedly read the data transcripts searching for meaning, patterns and other areas of interest.</p> <p>Initial notes or ideas are made alongside the transcripts. (See Appendix G)</p>
Initial code generation	<p>I generated codes that are of interest to the research questions. Codes allow the data to be assessed in a meaningful way regarding the phenomenon (Boyatzis, 1998; Braun &amp; Clarke 2006; 2013).</p> <p>Codes were developed using an abductive approach; some codes were data-driven or revised using theoretical frameworks.</p> <p>A systematic approach was used to give equal weighting to every data item, so that representative and meaningful patterns could be identified.</p> <p>Initial codes were completed using pen and paper markings, and these were then transferred onto a computer software package, NVivo 11. This approach allowed for a revision of the generated codes so that their meaning was sufficiently documented. (see Appendix H)</p>
Search for themes	<p>Codes were sorted into different themes. This was initially achieved using topics or orientating concepts that codes were clustered around (see appendix H).</p>

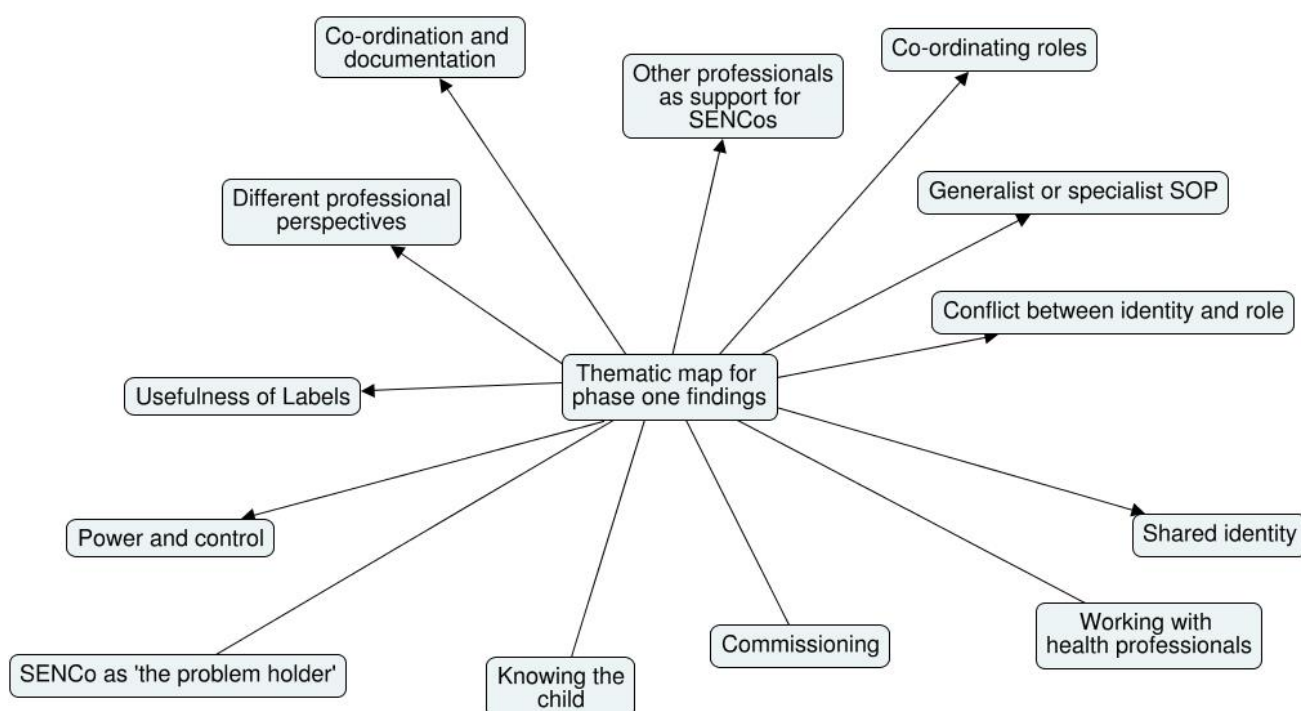
	<p>The use of thematic maps was also used to organise codes into themes and sub-themes. Candidate themes are produced at the end of this phase (see Appendix H).</p>
Reviewing themes	<p>The appropriateness of candidate themes is determined based on their internal and external heterogeneity, i.e. data within themes should be cohesive in meaning while having clear distinctions from other themes.</p> <p>Heterogeneity was achieved through two review processes: the first, reading the codes within each theme and judging whether they formed a coherent pattern. If no coherent pattern was found the theme was revised (see Appendix H).</p> <p>The second phase involved comparing the candidate themes in relation to the entire data set. Whether they were representative and accurate of the data gathered. Themes were renamed and sub-themes moved around at this stage to provide a reflective account of the overall dataset.</p> <p>A thematic map is produced at this stage (See Appendix H).</p>
Defining and naming themes	<p>The themes and sub-themes are 'refined and defined' at this stage. The overarching meaning behind each theme is defined, as well as data extracts that are representative of such meaning.</p>
Producing the report	<p>Concise dissemination of themes.</p>



## Chapter 4: Phase one findings

Within this findings chapter, I will discuss themes that were constructed using an abductive analysis approach at the cross-group analysis level. The rationale for this is to avoid repetition of themes discussed. I highlight the themes that are unique to individual professional groups throughout the dissemination, e.g. 'other professionals as support for SENCOs'. Themes and sub-themes relating to phase one of my findings are outlined in the thematic map below (figure 4.1).

**Figure 4.1:** *Thematic map of the findings of phase one*



**Figure 4.1:** Outlines the super-ordinate themes which were synthesised during the defining and naming themes stage of the abductive analysis procedure.

#### **4.1 Research question one: What do professionals consider to be the strengths and limitations of multi-agency working, when working as a multi-professional group developing an intervention for a child at risk of exclusion, who has autism?**

In answering this question, three main themes were found including different professional perspectives, co-ordination and documentation, individual differences and other professionals as support for the SENCo. These themes suggest that professionals perceive multi-professional working as a valuable approach to problem-solving. The only identified limitation related to individual differences, which is described in detail in this section.

##### **4.1.1 Theme one: Different professional perspectives**

###### **Triangulation and engagement**

The theme of different professional perspective emerged from all the focus groups as being beneficial to the process of developing an intervention for a child with autism who is at risk of exclusion. The perspectives that come with each professional discipline are viewed as a means of providing a greater depth of understanding to a child's circumstances and the problem they face. This holistic approach to collaborative working appears to generate a perceived triangulation effect, where different accounts of understanding are compared in-situ. Thus, identifying potential areas where to develop interventions to support a child with autism who is at risk of exclusion, as described by SENCo1:

*“It is having a really holistic look at the child, as a teacher you look at it from one point of view, as a SENCo slightly wider, somebody from the communication and interaction team will see other things and the educational psychologist might see other things, and whoever else is involved as well. I think that for most children at high risk of exclusion, there are many agencies involved before you get to that point because you are trying everything.”*

The varying perspectives that come with multi-professional working allow for the generation of ideas that are more likely to avoid the exclusion of a child with

autism. The process of engaging with other professionals means that educational settings are compelled to try different approaches and strategies in supporting that child. Furthermore, the broader perspective that comes with multi-professional involvement allows for those involved to consider how different strategies might be mutually beneficial. This type of engagement is viewed as a benefit to the child.

### **New understandings**

The multi-professional collaborative process also allows professionals to reconsider their initial thoughts and this is viewed as valuable, as illustrated by Communication and Interaction Team worker (CIT1):

*“All the professionals are open enough to sit around the table and say well I haven’t thought about it like that before.”*

This statement suggests that there is an element of learning that occurs as part of the multi-professional collaborative process. Being open to new ways of understanding problems means that professionals are adaptable to solving future problems, therefore, value this shared learning experience.

#### **4.1.2 Theme two: Co-ordination and documentation**

##### **Collaboration leads to a clarity of role and process**

There was a collectively held perception across the groups that documenting agreed actions and co-ordinating professional roles had benefits to working collaboratively. Professionals held a collective belief that achieving clarity of one’s role within the process facilitated effective collaborative working, as illustrated by a Communication and Interaction Team worker (CIT2):

*“Just one more thing that I was going to say as well because sometimes you go to meetings other professionals are unsure of your role. Or you’re not always sure of other people’s roles. It is about clarification about what you are able to offer, for example, social care have a different perception of what I can offer the child.”*

This excerpt demonstrates that professionals may feel unsure of the roles of others’ and how others perceive their role. When there is a belief that every professional is clear on what they can offer then the feeling is that collaborative

working is facilitated to a greater degree. This facilitation is likely due to a greater understanding of the boundaries that professionals are permitted to operate within, resulting in effective co-ordination of roles when implementing an intervention to support a child with autism.

#### **4.1.3 Theme three: Other professionals as support for SENCo's Validation**

The SENCo group identified other professionals as a source of support for them. Professionals within a multi-professional team can validate the efforts undertaken by SENCo2 in providing support for a child at risk of exclusion:

*“Someone who is really supportive of you sometimes, so you’re doing your absolute best and you tell them everything you have done, and they say that is great, you have done everything you can. That is great as well, for one thing you know you have plugged all holes for the child, but another thing just lovely to know, because there is no one else.”*

SENCo2 describes how it is “lovely” to have one’s efforts validated. Such a statement illustrates their emotionally isolated position, where they are expected to carry a lot of the burden with little emotional support. SENCo2 further explains:

*“You question yourself all the time. Am I doing the right thing? You wake up at three o clock in the morning saying I didn’t do that, I could have done that.”*

#### **Feedback and clear direction**

SENCos rely on other professionals to provide direction. They describe this in terms of fine-tuning the overall process. Such feedback is to provide a reassurance that the overall goal the SENCo and school staff are moving towards is the correct one, but that professionals can give logistical advice that alleviates the stress or pressures that are often associated with managing a child with autism, who is at risk of exclusion. SENCo3 states:

*“My staff just want someone to say you’re doing a great job, try tweaking it this way or this way and it actually works.”*

This statement suggests that SENCos view problems associated with managing children with autism who are at risk of exclusion as being solved through small yet meaningful adjustments and this is where the value of a multi-professional team lies. The advice must be logistical. However, less value is placed on advice that is rooted in research. SENCo4 shares:

*“Rather than psychologists talking high fluent research bit and no one gives a hoot about it. Because it is not on the ground, when you have got your teacher coming in by their fingernails to face another day, and oh have you seen this research, read this bit, have this leaflet, have you read that paper? No, I haven’t had time to read that paper.”*

### **Logistical support valued**

The reason given as to why research-driven advice is not useful is that it is not grounded within reality, suggesting that the professional offering the advice is more concerned with being the expert. As opposed to solving the presenting problem in a meaningful manner that considers the real-world aspects of working within a school and including a child with autism within a setting. SENCos’ value the role of professionals who will seek out additional information that will help them understand and manage problems in school. The following excerpt is uttered by SENCo2 acting in the persona of an educational psychologist (EP) their own:

*“This other certain EP,*

*[EP persona] “I’ll go see them at home”,*

*[SENCo persona] “you’ll do what?”*

*[EP persona] “I’ll see them at home.”*

*[SENCo persona] “Really? Oh wow?”*

*Then suddenly you have got all these practical solutions and suggestions and you think wow, thank you.”*

The nature of this support is received as removing a specific aspect of the problem from the SENCo and the school staff. The SENCo is thankful for the support as it is received as removing some of the burden associated with their

role. Furthermore, they perceive advice that is logistical to move them towards their goal.

The perceived value of the contribution of individual professionals' feeds into the next theme that will be discussed, individual differences.

#### **4.1.4 Theme four: Collaborative professionals facilitate decision making Working with fixed mindsets**

One of the main themes that was found from the data illustrates how personal traits of an individual can affect multi-professional meetings. The most prevalent of these characteristics was when professionals described individuals who did not understand the purpose of the meeting or those that were unwilling to move on their position, as described by an educational psychologist (EP1):

*“Those that have different and often fixed views of this is how things should be, or  $x$  equals  $y$ , and you're not so able to explore things.”*

The fixed mindset of an individual hinders the collaborative process. Professionals are unable to explore the context the child is facing and therefore, less able to develop interventions that may support that child. There was also a view amongst the professional groups that certain individuals are deliberately uncooperative and seek to blame others. EP1 shares:

*“Because sometimes they can be very conflictual, and people are out to point the finger.”*

The personal characteristics of individuals are essential to the process of multi-professional collaborative working. Speech and language therapist (SLT1) shares:

*“I think it is still, it comes back to the individual, within teams you have such diversity, in those teams that you have named there are those people for whatever reason are somewhat easier to work alongside.”*

The behaviours of people within multi-professional meetings impact on the emotional state experienced by others. When these behaviours are received as conflictual, it affects the ability of the group to collaborate and opens the

possibility of a coercive multi-professional meeting that is led by a single individual. CIT2 shares:

*“I go into meetings sometimes and I feel really uncomfortable. Because sometimes, somebody comes across as being quite, sometimes you do get put down sometimes, occasionally. I have been put down in meetings.”*

#### **4.1.5 Summary of research question one**

From the analysis of the data, it is apparent that multi-professional teams are viewed as an essential mechanism when supporting complex cases, such as those children at risk of exclusion, with autism. Interpersonal differences are often felt to be a limitation to the collaborative process within multi-professional teams. The strengths of such teams lie in the ability of professionals to change their thinking as a result of the interactions they have with other professionals. They also value having clear processes and roles when working collaboratively. Finally, the multi-professional team was viewed as a source of support, particularly by the SENCo group.

#### **4.2 Research question two: How do professional groups understand their ‘Scope of Practice’ when working as a multi-professional group developing an intervention for a child at risk of exclusion, who has autism?**

In answering this question, five main themes were found including commissioning, knowing the child, ‘co-ordinating’ roles, professionals having a general or specialised Scope of Practice, shared identity, and SENCo as ‘The Problem Holder’. These themes suggest that professionals have overlapping Scope of Practices that also have distinct elements unique to specific professional groups. Furthermore, external factors influence on how one’s Scope of Practice is perceived or displayed by professionals and those whom they collaborate.

##### **4.2.1 Theme one: Commissioning**

The ‘Scope of Practice’ of each professional group is perceived to be influenced by commissioning processes. The sub-themes that relate to this theme include, directives change role boundaries, professional values and competition.

## Directives change role boundaries

Each professional group described how the directives from those that commission their services directly or indirectly influence their role. Changes in service delivery mean that roles go through repurposing as described here by a Communication and Interaction Advisory Team worker (CIT3):

*“Our role would have been much more hands-on working with children...now we are more about the advice we can give.”*

The role of the Communication and Interaction Team has seen a drastic shift, and this has been attributed to the change in the direction of service delivery at a commissioner level. Such changes can result in unclear professional roles, whereby the professional is unsure of what they can offer as part of a multi-professional team, as illustrated here by a Communication and Interaction Advisory Team worker (CIT1):

*“The parameters around what our role is shifting... sometimes there is some vagueness even by us.”*

The process by which a professional adapts to a commissioner direction is not a smooth one. There is a period of reduced clarity, and this impacts the services that professionals can offer within a multi-professional team.

Each group talked in-depth about the influence commissioning processes have on their role within multi-professional teams. These discussions were not limited to the allocation of resources but how commissioners' direct services in allocating of funding, affecting service delivery. The following dialogue within the speech and language group highlights some issues commissioning can have on a professional service:

*SLT1: We got specialist skills that we aren't always able to use because we are busy dealing with lots of the kind of universal type things.*

*SLT3: I think across the country there are services that are wholly commissioned by education ... those schools that commission services directly can have more input into, actually this is what we want you to do. Rather, than us almost medicalising children because we are only delivering a clinical service.*



## **Professional values**

The group describes how the directive from those that fund their services prevents them from using their specialised skills in a manner that is consistent with their professional values. They go on to explain that within the boundaries of education there is a belief that they will have greater autonomy in practising their profession. The educational psychology group holds a similar view, EP2 shares:

*“In certain spheres of our work, there is an active move to shape people into what others might think, rather than allowing for professional variety, rather than allowing for the autonomy of the profession.”*

## **Competition**

The educational psychology group were the only group to discuss the need to attract commissioners to fund services and how this creates competition with other professional groups. Such factors negatively impact the quality of collaboration with other professionals as educational psychologists feel they must demonstrate their worth. Thusly, affecting their approach to their role as described by EP3:

*“When you’re in a multidisciplinary room, and you know your organisation needs to attract continued buy-in you’re going to want to look like the top dog in that room.”*

The interactions educational psychologists have with other professionals are driven by commercial interests to generate revenue through their professional services. Such an approach will likely affect the on-going relationships within multi-professional teams, impacting upon how professionals collaborate within such teams. Such competition appears to create a hierarchy of professionals whereby collaborations are likely to be driven by status and power, rather than professional diversity.

### **4.2.2 Theme two: Knowing the child**

Having a detailed or intimate knowledge on the child in question was viewed as a means to make meaningful contributions to multi-professional working. Each of the participant groups suggested the optimum means of acquiring such

knowledge is to work alongside the child in some capacity. The rationale each group placed for working with a child varied.

The SENCo group described their role as advocating for the child with autism, as they often were well-placed to know many aspects of the child's life. The speech and language therapist group described the importance of understanding the child's language skills as a precursor to developing an intervention. This is usually achieved through an assessment carried out by themselves. The Communication and Interaction Team described how keeping the child at the centre of any problem-solving processes is likely to lead to effective interventions. The educational psychologists described the ways of discovering the uniqueness of the child; understand their strengths and interests, not just their diagnosis, as described by EP1:

*“Quite often again it is a limited understanding of what might lead to those difficulties the child experiences.”*

Each professional group places importance on understanding the child on an in-depth level, but their priorities appear to be different. The educational psychologist group discusses the possible avenues a diagnostic label can open for discussion. Whereas the SENCo group describe the child mainly on the behaviours they observe and the needs, they present with, and the speech and language group describe the child within their professional domain, i.e. language needs. Therefore, it is reasonable to suggest that although there is a collective understanding that knowledge of the child's needs is essential, each professional group places various emphasis on different aspects of the child's life. The reason for these differences is likely to relate to their professional training and experiences. It is unlikely that a SENCo will place language needs as a paramount area for exploration when they are not trained to assess and evaluate language needs.

#### **4.2.3 Theme three: ‘Co-ordination’ roles**

Two professional groups incorporate ‘co-ordination’ into their Scope of Practice for different reasons. They also fulfil this role in different ways. These groups are the educational psychology and SENCo groups. The educational psychologist appears to influence the direction of meetings (e.g. mediating

discussion points) and the procedures that are undertaken as part of multi-professional collaborative working. The SENCo undertakes a more logistical role, often tasked with minuting meetings, implementing interventions, communicating amongst professionals and key people in the life of the child.

The SENCo's co-ordinating role appears to stem from their position of being the point that communication converges. The parents of the child, the school staff and the professionals involved will all communicate with the SENCo at some stage of the multi-professional collaborative process. Therefore, this places the SENCo in a co-ordinating role:

*"SENCO2: You push for the meeting, remind people about the meeting, attend the meetings you're the driving force behind it all."*

*"SENCO3: You end up being the one who writes the targets. You end up being the one who does all the actions, to be honest."*

Interestingly the educational psychology group discussed the importance of co-ordinating the processes that occur within the meeting as opposed to documentation and establishing roles. They discussed the influence that they can wield within a multi-professional meeting EP2 describes:

*"Sometimes you have to, I suppose in terms of our skills as psychologists you have got to say, "and can we also look at?" You know it is all those mediation skills that we can, and you know can we have, and can we go back to that? So, it is trying to influence the meeting and us holding in mind that bigger picture and that bigger picture still needs to be explored."*

Their descriptions suggest that the educational psychology group place different emphasis on the co-ordinating aspect compared to the other groups. Rather than finding a niche role for themselves, educational psychologists are concerned with the overall co-ordination of the multi-professional team in developing an intervention for a child with autism. Educational psychologists find their role to be unclear, as EP3 describes:

*“One of my previous careers where I knew whether I was right or wrong, God that is fantastic, you actually know, am I doing a good job? Yeah, I’m doing a good job. You have no idea when working as an EP.”*

An educational psychologist recognises that their role is fluid and unclear, yet they experience the same frustrations as the other groups when experiencing unclear boundaries. Having clarity of role suggests that professionals feel comfortable and competent when they are clear on the processes and actions permissible to their role.

#### **4.2.4 Theme four: Shared goals create shared organisational roles**

In developing an understanding of the perceived ‘Scope of Practices’ held by professionals, an exploration of how they identify with each other is necessary. As professionals spend increasing amounts of time together across various multi-professional teams, there appears to be a change in their perceived professional roles. Such a change is the result of exploring problems together and becoming familiar with each other's professional roles. Shared explorations result in professional roles becoming more generic in their efficacy, due to a broadening of their professional knowledge.

#### **Shared practice and knowledge**

As professionals become familiar with one another and their working practices, they will assimilate some of these practices into their practice. Such an explanation suggests that as professionals are exposed to each other, they share their practices creating new shared learning opportunities that influence one's Scope of Practice, as highlighted by EP2:

*“They begin to imitate the ways that we do work. You see that actually, they are becoming quite psychological in the way they think, even though they haven’t had training.”*

Other professionals become increasingly psychological in their practice, and this is attributed to being exposed to the working practices of the educational psychologist. Being familiar with other professionals does not only influence how one applies their professional knowledge, but how they interact with other professionals, and this is not always helpful to the child who is being discussed, as elaborated upon by EP3:

*“I found this recently with advisory teachers is that they over-identify with the teacher, and they lose sight of the child’s needs. They need to be met, because they have come from the teaching profession, and they still over-identify with that role, and therefore see that there are barriers for the teachers in implementing things and want to protect those teachers, rather than focus on the child.”*

This quote suggests that the role of each professional is to place the child at the centre of the process and help them overcome their barriers. However, when professionals become familiar with each other roles. Therefore, they are equipped to empathise with one another; this can have a detrimental effect when developing effective strategies to help the child at risk of exclusion.

### **Broader role**

Broader professional remits appear to be an attributable in part to unclear role boundaries. A speech and language therapist (SLT3) discussed the gaps in service provision describing how they adjust their professional practice to support families:

*“We almost become like a social worker, or a psychologist, a shoulder to cry on, we get quite close to our families.”*

The speech and language therapist’s role extends beyond their pre-established boundaries by providing emotional support to a family that is struggling. They recognise that this is the role of a social worker or a psychologist, yet they can fill that role based on their experiences of working with such professionals. Therefore, as professionals work within multi-professional teams, they gain new skills and understandings of each other’s roles that allow them to adapt their practice, resulting in some specialist practitioners becoming more generic when fulfilling their role. Their ‘Scope of Practice’ is continually revised depending on the learning experiences they share with other professional groups.

### **Shared language**

There also appears to be a shared language when engaging in multi-professional collaborative work, as described by a speech and language therapist (SLT1):

*“Right down to the language that we use, it overlaps, so we are moving towards a shared vocabulary for universal, targeted and specialist services, but it always use to be tier 1, tier 2, tier 3 and we would have our own language, urgent or non-urgent.”*

They are describing how they have moved further away from having a language unique to their specialism. Shared terms of language reflect the collectively held view that their profession identifies with education, with discussions about being jointly commissioned with educational services, SLT2 states:

*“That speech and language services will be recognised more as an educational need, by education themselves.”*

The shared language and shared identity described by the speech and language therapist group highlights the overlapping models of professional practice that occur within multi-professional collaborative working. Overlapping working models create shared artefacts that promote shared identity promoting a ‘generalist’ approach to problem-solving.

#### **4.2.5 Theme five: Professionals having a general or specialist Scope of Practice**

The data analysis revealed that there is an overlap of working practices within multi-professional collaborative working but that professionals can still be broadly categorised as ‘generalist’ or ‘specialist’ in their approach.

The speech and language therapist group described how their role was to apply their knowledge regarding language and its development within children with autism. SLT2 describes how language can impact other aspects of the life of a child with autism:

*“There is that differential diagnosis where a lot of them present with autistic traits and unpicking that is quite a common part of our role.”*

The speech and language therapists view their role when assessing a child with autism, as specifically deducing what a language need is and what is an autistic trait. The importance they place on this role is on gaining an accurate diagnosis and understanding how the child’s language needs might impact their mental health needs, and the behaviours associated with this. Their assessment helps

inform the interventions for language development that can be applied within the child's context.

Although speech and language therapist will describe their role as belonging under the education umbrella (see above), they primarily view their role as a specialist service that focuses on language needs. Whereas other professionals such as an educational psychologist or a SENCo view their role as more generalist in assessing and supporting a child with autism, at risk of exclusion. A generalist looks at the whole situation and assesses, as described by EP3:

*“What I think we do well as a profession is to recognise the complexity of every situation.”*

#### **4.2.6 Theme six: SENCo as ‘The Problem Holder’**

Other professional groups may describe the importance of understanding the child and their story. Only the SENCo group discuss the challenges of managing a child with autism, who is at risk of exclusion. This finding is unsurprising as SENCo's are usually based within schools, whereas the other identified professionals are often based externally to schools but work across various school settings. Sub-themes that relate to the SENCo as ‘The Problem Holder’ include: enacting advice, negotiate with teachers, work with the family. work with the child, ensure child safety.

The SENCo is a relatively unique position that places them in daily situations where they are able to interact with those who know the child with autism well, including the child themselves, their teacher, their parents, the teaching assistant who works with the child and professionals who work with the child. Furthermore, school-based staff are more apt than other professionals at understanding the school's systems and ways of implementing interventions. Therefore, the SENCo can be viewed as the professional whereby all dimensions of the child's contextual life intersect. With this position comes the ability to enact change as the SENCo is the one professional who most frequently out of the identified professionals interacts with all the key people in the child's life, SENCO2 describes:

*“You know an EP is going to sit in a meeting and say ok, I have got a picture of the child and say you need to try this, this and this. Then they*

*leave and we have to try and make that work, you got to make that work with the teacher, you have got to get them on board, so you know there is a lot of negotiating, manoeuvring to make things happen.”*

The SENCo role is one of enacting change. They receive advice and are expected to act upon it. There appears to be an element of negotiation with everyone involved in the case, as the participant describes how they convince a teacher to try a different approach. The enactment role places the SENCo in a role where information flows through them. Such a role can be stressful as discussed by another SENCo:

*“I am panicking like mad, emailing the family support worker and saying you are aware of this aren’t you? Please check that Mum has locked all the knives away.”*

The SENCo describes the fear they experience as she perceives there is a small window of opportunity to act to protect the child and their family. The SENCo is not only expected to motivate others to engage in a shared process, but they are also expected to keep the child and family safe. These descriptions suggest that managing a child with autism who is at risk of exclusion is multi-faceted and lies permanently with the SENCo where other professionals can remove themselves, as SENCO1 summarises:

*“The problem is we can never, ever close the case. They are a child all the time.”*

#### **4.2.7 Summary of research question two**

Professionals appear to understand their Scope of Practice as overlapping with other professionals whom they regularly collaborate. When fulfilling their professional roles, they recognise that they often share responsibilities such as gathering information from a child or family. Equally, they highlight the areas where they differ from their colleagues from other professional groups.

Being able to identify with other professional groups was broadly viewed positively by the participants. The ability to relate to each other when collaborating allows for greater discussion regarding everyone’s Scope of Practice, therefore distinguishing the boundaries by which an intervention for a child can take place. However, such optimism was replaced with tension when



professionals were viewed as placing inter-professional relationships ahead of the interests of the child. Such findings suggest that diverse professional roles facilitated a degree of accountability between professionals.

Understanding the child's needs were placed as central to each professional groups Scope of Practice. However, their professional perspective hinges on different interpretations of the child circumstances. Diverse professional perspectives on the needs of a child are believed to provide meaningful contributions and discussions within multi-professional meetings.

The SENCo group held the unique position of being viewed as 'The problem Holder'. This label is mainly attributed to them based on working in the setting where the child attends school, meaning that they are tasked with implementing interventions, monitoring their impact and managing the child daily.

#### **4.3 Research question three: What type of tensions are recollected by professional groups when discussing multi-professional working?**

In answering this question, six main themes were found, including commissioning, power and control, problem holder, the usefulness of labels, the conflict between identity and role, and working with health professionals. These themes suggest that professionals experience the three central dilemmas highlighted by Rose and Norwich (2014) relating to control, role and identity. However, additional themes also were found outlining the perceived tensions that can influence multi-professional working practices.

##### **4.3.1 Theme one: Commissioning creates tension**

Professional groups attribute many tensions they experience to the processes by which they are commissioned or the organisations that commission their services. Speech and language therapists describe how their services are not valued within health services nor education services. Educational psychologists describe how the purchasing of their time leads to a 'postcode lottery' that challenges their professional values. They also explain how commissioning processes create tension between their professional autonomy and how they interact with school staff. Furthermore, professionals describe how competition ensues between themselves and other professional groups to ensure individual organisations commission their professional services.

## Value for money

The speech and language therapist (SLT1) described how they felt that by being a free rationed service, tensions ensued:

*“70% of children are starting school with language skills that are below average, but we can’t, we’re rationed, we can’t provide a service to each of those children. So that sometimes causes conflict because there’s stuff that we expect the school to deliver.”*

The demand for direct service delivery is too high for a free service, and this creates tension with schools, who may not have adequate skills amongst their staff to undertake language development interventions, SLT1 continues:

*“So historically, we worked in quite a preventive way with lots of training, then the commissioners decided that a more specialist approach was the way they wanted to go.”*

The service commissioners have affected how the speech and language therapy service could support most children with language needs, creating tension. The dilemma for speech and language therapists is between working intensively with a small number of children, or broadly through school staff. The dilemma appears to be resolved through the commissioner directives of taking a specialist approach, but at the compromise of professional values, i.e. supporting a wider range of language needs in children.

Speech and language therapists appear to feel that a free service is not as valued by schools. Directly commissioned services were viewed as more precious by the speech and language therapist group, as SLT2 describes:

*“Well actually if we do turn around and say we are not working with that child it doesn’t necessarily have the same impact as if the educational psychologist went into a school and they are there on [time] allocation. They only come in twice a term, and they said: “there is nowhere for me to work, I’m going now, and I’ll see you in two months’ time.”*

The view held by the speech and language therapists is that services free at the point of delivery are viewed by school staff as less valuable than those that they pay for or are rationed. Schools appear to place higher regard in services where

the limitations of service delivery are explicit. Therefore, services that are accessed on a case by case basis depending on the level of need (and are free) are viewed as less valuable as the child will receive that service if they require it.

### **Challenging professional values**

The educational psychology group discussed how the commissioning of their services had created tension regarding their professional values. They describe how commissioning can limit their capacity within specific educational settings for children at risk of exclusion, as EP3 describes:

*“It has become a postcode lottery, for some of those schools that do buy in, I can do so much more for those young people who might be at risk of exclusion. Those schools that don’t buy in, I am really constrained, and there are things that I could offer if we had a more flexible model that could move time.”*

The capacity of the educational psychologist’s role is dictated by whether a school purchases their time. The children are affected depending on the commissioning decisions made by their schools, rather than being offered a service that is available based on need. Educational psychologists try to resolve such tension by nurturing the relationships they have with schools to allow them to practice more autonomously, as EP2 states:

*“By investing in that relationship, then maybe they get to do some of the stuff that we like.”*

The Communication and Interaction Team describe the tension they feel when commissioners change the boundaries of their role. They appear to resolve such tension by assimilating the new role and operating within these boundaries, as CIT3 outlines:

*“What we can offer in multi-disciplinary meetings, what training we could offer. Not with the child, or young person but, or signpost somebody else that can offer it. So, it is a different role we are having.”*

They resolve the perceived tension surrounding their role by exploring the possible ways they can fulfil their role within their new operational boundaries and letting go of their previous ways of working.

## **Competition**

The educational psychology group discussed the role of quasi-markets in shaping their 'Scope of Practice.' They describe how professional services that are driven by the need to secure commissioning creates competition and hierarchy, even amongst professionals of the same occupation. This competition can create perceived tension between professional groups, as EP3 describes:

*"We are in competition and when you have a vested interest in one model working over the other it becomes directive, it becomes authoritative."*

This quote describes the competition felt between competing for educational psychology services, suggesting that competition dilutes any shared identity that is associated within a single occupation, where organisational divisions exist. Each educational psychologist's remit is primarily to demonstrate that their organisation can provide the best service in order to secure commissioning. Such a finding suggests that commissioner directives compromise professional autonomy:

*"There is a notion of you're welcome to practice how you like around here, as long as it is this way."*

This notion suggests that the autonomy of the professional is given 'lip-service'. Each educational psychologist is expected to apply their professional practice in a manner that best suits the commercial or financial interests of the organisation. Thus, resulting in frequent dilemmas that can often leave professionals feeling conflicted. They must deliver their role as part of a multi-professional team while demonstrating their market value over the other professionals' present. At times the two are not compatible, and professionals behave in a manner that ensures their market position.

### **4.3.2 Theme two: Power and control**

Each of the groups discussed the influence power, status and control can play on collaborative processes when working as a part of a multi-professional team. A salient talking point was that of the interpersonal factors of those with perceived power/status had. Some professional groups attributed 'ego' as a contributing factor to the challenges they experienced when working with such individuals. Other professionals described the positive contributions these professionals made to a multi-professional team when they actively engaged in collaborative processes. The high-status group (within the context of my research) appears to be reserved for educational psychologists and paediatricians with each being viewed as authority figures in the fields of education and health respectively.

#### **Power and collaboration**

There appears to be a higher level of scrutiny for the behaviours of those professionals viewed as having higher status or authority. The SENCo group discussed how some paediatricians would 'only consult' and not engage meaningfully in the collaborative process. While others will go to great lengths to facilitate the problem-solving process; phoning up a SENCo on their day off to share information, as SENCo1 shares:

"She will either ring me on her only afternoon off, she is normally walking her dog, and she will ring me, she is amazing."

Other professional groups describe how an educational psychologist can adopt an expert mode of working or a collaborative one. Those educational psychologists who adopt a more collaborative approach to working were viewed in more favourable terms compared to those who relied more on expert knowledge and directing others, as CIT2 states:

"Psychologists talking high fluent research, and no one gives a hoot about it."

## **Professional compromise to achieve a shared goal**

When professionals struggle to engage with a high-status professional they can engage in appeasing behaviours as recollected by SENCo2 when attending a multi-professional meeting that included a paediatrician:

*“I have got an objective and as long as I get that out of the meeting I don’t care because they can have another meeting and deal with everything else.... This boy had specialised treatment, and this was the only option left. I managed to push that one thing, I didn’t get anything else out of that meeting and that was great.... You know you have to play them at their own game really.”*

This extract highlights how a SENCo will prioritise their goals, these may not match the views of the paediatrician, but rather than engage in conflict the SENCo limited their desired outcomes to one specific thing and were willing to agree to anything else as long as their desired outcome was acted upon. Avoiding conflict suggests that the SENCo engaged in an appeasement type approach with the other professionals in the meeting in achieving their goals. The threat of tension or conflict suggests that professionals can often have different goals when coming from various professional backgrounds, with fewer common interests.

The exact reasoning why the SENCo did not engage in any inflammatory conflict with the paediatrician is not clear here. It could be that they respect the views of the paediatrician who is more knowledgeable in aspects of the child’s health than they are, therefore taking a subordinate role. Additionally, they could be mindful of the need to maintain a professional working relationship with the paediatrician for any future cases on which they may have to collaborate.

## **Status can inhibit contribution**

The notion that professionals may take a subordinate role when interacting with high-status professionals is illuminated by a discussion within the Communication and Interaction Team group. They discussed the personal characteristics that might inhibit an individual challenging those perceived to be an authority figure. They adhere to the perceived tacit rules associated with

hierarchy, as indicated by CIT3 when discussing working with an educational psychologist:

“If I perceive people to be higher up the rank than me, I will shy right away.”

This excerpt suggests an abdication of control in the collaborative process. Opting instead to allow those with high-status to direct and control the meeting and subsequent proceedings. The reason for adopting a subordinate position may relate to a view that the educational psychologist is more authoritative. Therefore, it is their role to direct proceedings. Alternatively, they may view the educational psychologist as being more knowledgeable regarding the needs of children with autism than themselves. Consequently, they should take direction from them.

How those in powerful roles view their understanding of power dynamics must also be addressed. Such perceptions can be examined through the discussions within the educational psychologist group. This group appears to be aware of their power and influence over others when in multi-professional meetings. They discuss the difficulties they encounter regarding being challenged:

“EP1: We carry power, that other people don’t”

“EP3: Some of us ensure that power is not over exercised, others maybe relish it.”

“EP2: There are subtle ways of not listening to people, or not allowing their thoughts to develop.”

This account of power and how it is wielded acts to confirm the notion that interpersonal behaviours impact on the dynamics within a multi-professional meeting. Furthermore, this account highlights that those in high-status positions are aware of their power and how the behaviours that allow power to be wielded or yielded.

#### **4.3.3 Theme three: Problem Holder**

SENCOs discuss their role in terms of holding onto the problem surrounding the child with autism at risk of exclusion. This often is multifaceted ranging from managing the challenging behaviour within the classroom, providing and finding

interventions that will support the child's mental health needs, supporting teaching staff to understand and work with the child, discussing issues with the parents of the child, managing other parents who may be advocating exclusion of the child in question. They also must consider how to effectively include a child who may have inflexible thinking traits whilst not interfering with the learning opportunities of the other children in the classroom. The SENCo group suggest that they manage this all without or with limited support from the senior leadership within their school.

This role as problem holder appears to emerge due to the SENCo role as being positioned within school with relative autonomy to discuss issues with key individuals and professionals, meaning that information regarding a child flows through them; they are a co-ordinator in solving any problems relating to the child. The SENCo group discuss these aspects of their role and the meaning they take from it, as described by SENCo2:

*"You're left to do everything."*

The SENCo group do not mention the teaching staff as also holding the problem, as illustrated by SENCo1:

*"The staff are, what are you going to do?"*

The teaching staff do not view their role as supporting children with additional needs, this is perceived as the role of the SENCo, who is tasked to solve or manage it and make the teaching staff jobs easier. The SENCo appears to rely on the multi-professional teams as support in managing and resolving such tension they experience in this role as problem holder. SENCo3 expressed a desire to have their efforts validated:

*"That is great, you have done everything you can."*

SENCo1 summarised the anxieties of the group surrounding failing the child, as they view themselves as their possible last line of support:

*"Because there is no one else."*

The SENCo feels their role is to manage the tension they experience for the benefit of a child with autism. In achieving this, they rely on the support and



validation of other professionals. This may be why the SENCo group values logistical support over other forms of support when working collaboratively. logistical support will increase the overall capacity of fulfilling their role to 'do things for the child' and progress them towards their goal.

There appears to be no dilemma experienced as a result of this tension, as it is one that is imposed on the SENCo role, rather than the result of a dyadic choice.

#### **4.3.4 Theme four: The usefulness of labels**

Educational psychologists discussed in-depth the appropriateness of diagnostic labels. Their discussions described the tensions relating to the greater emphasis placed on the label than the contextual factors in a child's life, the validity of the diagnostic process itself, the permanency of the label and the long-term impact this may have.

The educational psychologists described how a label of autism that is given to a child is often not questioned by those supporting the child, as illustrated by EP2:

"The validity of the diagnosis. It doesn't get questioned."

The label is often believed to be not merited or inaccurate, as described by EP1:

"The behaviours that tick certain boxes you can even question the validity of those boxes."

Therefore, the ensuing tension relates to whether the label interferes with gathering an accurate representation of the child's needs. Without this, the resulting interventions may not be appropriate; targeting a need that is not there. This tension is navigated by exploring the contextual factors of the child's life in-depth including but not limited to their relationships and their identity. It is believed that by exploring these factors, the accurate representation of the child's needs is gathered leading to a more appropriate intervention.

#### **4.3.5 Theme five: Conflict between identity and role**

Each professional group discussed the challenges they face when disseminating or advocating their role when working as part of a multi-professional team. The recollected tensions appear to be attributable to the

dissonance between how others understand a professional's role, and how the professional themselves identify with that role, e.g. educational psychologists only assess learning needs, rather than a holistic assessment of need.

### **Perceptions of competency**

The educational psychologist group discussed the danger of taking on too broad of a role within multi-professional teams. As previously discussed, this group has influence and power during collaborative working. This authority means that they can direct interventions and procedures. However, risk lies in not recognising one's competency, as described by EP1:

*“We think because we know the psychology, we can do things without being appropriately trained.”*

EP1 is suggesting that they recognise how the role is perceived by other's, but they do not necessarily accept their judgement. Furthermore, they recognise that this perception can lead to misconceptions of an educational psychologists' actual competency in various situations. It is not clear if such tension is fully felt within the educational psychology group as they describe their approach within multi-professional teams, as noted by EP2:

*“What bit can nobody else in this room do, that only I can do. “*

The role of the educational psychologist is to fill in the gaps in the intervention or assessment process that other professionals are not qualified to do. Therefore, it is not possible to suggest that the tension between the educational psychologist's role and sense of competency is ever fully resolved. There appears to be a constant tension with how they identify with their role.

Other professional groups describe the tension they experience in fulfilling their 'specialist role.' The speech and language therapist group discussed in-depth the tension they experience when other professionals make inaccurate judgements about their role. Such tensions apply particularly to how the group identify with the use of language assessments when understanding the traits of a child who may have autism, as suggested by SLT2:

*“They think I am in charge of a diagnosis.”*

However, speech and language therapists understand their role in supporting a child with autism differently, as noted by SLT3:

*“Identify specific linguistic and communication incompetencies.”*

### **Perceptions of a role**

Professional groups may perceive the purpose of a professional role differently to that of the respective group. Such differences in understanding can create tension that can only be resolved by either a professional advocating the perceived purpose of their role and the boundaries they can operate within, or by being amenable to the suggestions of other professionals. The example given by the educational psychologist suggests that they have a degree of being flexible in the delivery of their role in order to accommodate others. The speech and language therapist group suggest that the ability to advocate for one's role is achievable with experience, as noted by SLT1:

*“I think if you had a newly qualified therapist who had done an assessment and was in a meeting with a paediatrician, then they might be more deferent. But I think with experience you begin to say what you see, this is my observation, from my professional perspective.”*

### **Shared experiences**

Engaging in joint working processes may be useful in resolving tensions experienced by professionals. Shared experiences may result in an alignment of identities; enable them to convey their role to others in a manner that is reflective of their professional identity, as described by SLT1:

*“We assessed a child jointly and he was doing a dynamic assessment and his mediation was all language based and I pointed out to him that this child had really severe comprehension difficulties and, therefore the mediation was not mediating because he didn't understand the language that he was using to mediate. So that was really helpful for both of us because it helped him identify different ways to mediate and it helped us to understand why she performed less well on the second drawing than she had on the first post-mediation.”*

The joint working process creates a shared experience that allows each professional to learn an aspect of the other's role. This interaction allows each professional to reconsider their understanding of what others can offer within multi-professional teams.

Any tensions regarding a professional's role appear to be resolved through directly advocating the dimensions of their role, or through engaging in shared experiences to gather a greater understanding of what can be offered within the roles of a multi-professional team.

#### **4.3.6 Theme six: Working with health professionals**

A reoccurring theme across each of the professional groups regarding tension was that of working with health professionals, specifically Child Adolescent and Mental Health (CAMHS) practitioners. These tensions relate to the capacity of CAMHS services, fulfilling the role of CAMHS workers and the different ways of working between education professionals and health professionals.

There was a collectively held perception that educational professionals held different agendas compared to health professionals. Health professionals were viewed as having limited impact due to their short-term interventions, as outlined by SENCo3:

*“They can say they can come in for six weeks and work on anger management and that’s it and close the door, I have done that, and they will close it. They won’t say I will come back in three months and see if he has embedded anything that I have tried to teach him, they will close it. Then you’re back into a whole re-referral to get support.”*

This approach to working is a source of frustration for schools as SENCos feel that long-term work is required to offer meaningful support for a child to experience a change in their mental health. The Communication and Interaction Team also experiences this frustration of CAMHS workers interventions being limited. They discuss the frustration experienced when a CAMHS worker suggested they could not offer any more support to a child who was self-harming, as noted by CIT2:

*“I struggle to understand why more cannot be offered from their service. Whether that is to do with funding or, they don’t feel it is appropriate at*

*that time, I am not always a hundred percent sure but sometimes it feels like we are having to deal with that, and I don't feel that is my role. Because I don't, I am not a mental health worker."*

There is a perception that CAMHS workers are not fulfilling their role and other professionals experience this as a pressure to step into their role in order to provide the child with adequate support. There also appears to be inadequate communication between health and educational professionals, as the participant was unclear on the reasons why CAMHS were removing support.

#### **4.3.7 Summary of research question three**

In unveiling the tensions recollected by professionals when working as part of a multidisciplinary team the themes of commissioning, power, SENCo as 'The Problem Holder', usefulness of labels, dissonance between perceived and received professional identity and working with health professionals were found. Such themes combine to demonstrate the breadth of tensions that can be experienced when working collaboratively with other professionals.

Various strategies were used to manage such tensions and they ranged from appeasing individual in power, challenging other professionals. When there is an experience of professional identity dissonance, a professional may opt to advocate their role, making it clear to those they are working with, thus re-establishing their identity and professional boundaries. Professionals will also step into the role of other professionals when the capacity of service is limited, although this behaviour creates tension in of itself.

## **Chapter five: Discussion of phase one**

### **5.1 Research question one: Multi-agency working within a multi-professional team.**

From this qualitative analysis, I found that professionals working within this framework can readily: identify and develop their problem-solving capacity (through triangulation); define and establish their professional roles; and offer support relating to the competency of other professionals. These are the identified strengths of multi-professional working. A limitation found was that individual differences of professionals had the possibility of hindering the collaborative process.

#### **5.1.1 Social interactions create a community.**

The interactions professionals engaged in as part of the collaborative process relate to Rose and Norwich's (2014) discussions regarding Collective Preferences (and Collective Commitment), as well as Wenger's (1998) theoretical model of Communities of Practice. Professionals appear to value this dialogue as it is perceived as a method of arriving at the optimal decision that will support the child. Rose and Norwich (2014) discuss the importance of social interactions in developing a shared goal, while Wenger (1998) describes how identity can develop and become shared based upon social interactions over time, creating an 'alignment' of thinking between people within a Community of Practice. They can begin to imagine various possibilities for that group.

My finding that different professional perspectives are valued suggests that the participants can align their views and explore new possibilities through their interactions. Thus, signifying that there is enough of an overlap in artefacts and reification procedures between the various professional Communities of Practice when engaged in multi-professional working to facilitate in the formulation of shared goals (Wenger, 1998).

The finding that Communities of Practice develop over time moves in opposition to Frost, et al, (2007) discussions regarding professionals discussing children who have offended. Their findings suggested that professional boundaries become more divisive over time, with opposing views becoming increasingly apparent depending on professional background. The disparity between my current finding and those reported by Frost, et al, (2007) may be indicative of

some factors that promote effective collaborative working. It is arguable that the value systems held by the professionals within Frost, et al's, (2007) study are fundamentally different, i.e. supportive interventions versus punitive interventions. Whereas, within my research, there is a collective view that the child requires support. Therefore, the foundations for establishing a shared goal are already in place based upon the collectively shared professional value of 'support the child.'

### **5.1.2 Capacity across professional boundaries.**

Another aspect of multi-professional working was that the boundaries of professional roles were identified as part of the collaborative process. The dialogue amongst professionals provided them with the opportunity to establish their roles and provide clarity on what they could deliver. My findings suggest that such clarity is more apparent for specialist practitioners than those who have a more holistic approach, e.g. educational psychologists. Unclear role boundaries indicate that the allocation of work is not distributed on fair or equal grounds but based on the flexibility of professional boundaries and competencies.

Rose and Norwich (2014) describe how collective competencies progress teams towards a shared goal. My findings support this suggestion as professionals engage in role advocacy based on their held perceptions of their professional competency. However, my finding that generalist professionals are expected to adopt roles that are outside their Scope of Practice is compatible with Borgogni, Russo, Petitta and Latham's (2009) findings. Their study found that professionals who were able to integrate the efforts of a group into their role increased group perceptions of collective competency. Therefore, those professionals who are broad in their approach enable other professionals to feel confident in their role.

The finding that SENCos can experience socioemotional support from multi-professional teams is compatible with Taggar and Seijts' (2009) finding that self-efficacy was promoted through socioemotional support. My findings suggest that the SENCo role is an independent one within schools. Resulting in fewer opportunities outside of a multi-professional team to ensure their practice is effective. Therefore, they develop a proportion of their professional identity

through their experiences of working as part of a multi-professional team. Such a finding is in line with Wenger's (1998) account of how professional identity is developed through a Community of Practice.

The identified limitations of multi-professional working relate to the ability of teams to engage with the collaborative process. Challenges associated with commissioning and interpersonal behaviours were viewed as barriers to effective multi-professional working. These barriers appeared to affect the collective capacity of the team. Rose (2011) describes capacity as:

"The amount of time or resources taken to contribute to a piece of work"  
(Rose, 2011, p.156).

Participants described how the boundaries of their permitted roles were changing or had changed, limiting the resources they had to complete work. Similar findings are discussed by Hulme, McKay & Cracknell (2015), who highlight the challenges austerity has had on facilitating the capacity of professional roles within education. The directives from commissioners are impacting on professional practice, and therefore roles within a multi-professional team. Such limitations on professional capacity were generally viewed with negativity by the professionals, as there was an understanding that there were fewer resources available to develop an effective intervention.

Some of the limitations identified with multi-professional collaborative working relate to the individual professional. Participants identified those individuals who can behave in a confrontational manner or are fixed in their professional opinion as being hindrances to the collaborative process. These traits were viewed as impeding the discussion of the group; professionals felt they were less able to provide their view. Rose (2011) and Borgogni, et al, (2009) argue, that by limiting the ability of a professional to share their expertise the capacity of the group to collaborate is hindered. When such limitations to collaboration occur, they appear to stem from interactive behaviours from professionals with status.

## **5.2 Research question two: Scope of Practice and collaborative working.**

### **5.2.1 Shared identity**

The Scope of Practice and professional identity of school-based professional groups appears to shift depending on the nature of their cross-professional



interactions over time. Furthermore, external factors, such as commissioning processes, also affect the boundaries of a professional's Scope of Practice.

Professional identities appear to overlap when working as part of a multi-professional team. Shared identities are in part attributed to the use of shared language, shared knowledge and shared roles. The overlap of these domains results in intersectional professional Communities of Practice (Wenger, 1998). The professionals within a multi-professional team establish a new Community of Practice with unique tenets of participation and reification, which is less bound by the parameters of their role. An artefact of reification is 'the child', the impact of this will be discussed later in this section.

Through the establishment of a Community of Practice, my findings suggest that professionals become increasingly aware of the practices of other professional groups. They develop an understanding of what other professionals typically wish to achieve from their involvement within a multi-professional team. With such an understanding, the boundaries across professional groups become less discrete and each individual can fulfil broader roles that incorporate the practices of other professional groups within the multi-professional team. Further understanding of this interpretation can be understood through Edwards' (2007) and Rose and Norwich's (2014) discussions on relational agency.

Through interactions, one can align their thoughts and actions with others and interpret aspects of their world while behaving per the other's interpretations (Edwards, 2007). Such a description is consistent with Wenger's (1998) account of 'alignment' when integrating into a Community of Practice. Alignment across professional groups under a self-categorisation theoretical framework suggests that knowledge domains overlap resulting in a shared identity between groups (Turner, 1982). It is through a relational agency that professionals develop a shared identity, despite contrasting professional backgrounds. Therefore, as my findings indicate, a professional's Scope of Practice becomes broader when working as part of a multi-professional team due to developing a shared identity with different professionals and incorporating the various professional practices, agendas and roles into their Scope of Practice.

### **5.2.2 Commissioning and collaborative working**

Hulme, et al (2015), suggest that political and economic reforms have impacted upon the ability of commissioners to address issues of welfare and rights for children and young people. Such reforms impact upon the approach and capacity of professional roles. My findings support Hulme, et al's (2015) findings, as the boundaries of a professional's Scope of Practice were influenced by the commissioning processes of other professional groups. Therefore, impacting upon how each professional was permitted to fulfil their role, and how they behave towards other professionals when collaborating.

My finding that professionals operate within a competitive hierarchy means there is a need to demonstrate competency over other professional groups. Competition is likely to have an impact on the ability of professionals to effectively collaborate within a multi-professional team. Schuman (1996) describes the influence that organisational pressures can have on the ability of professionals to collaborate. Professionals may experience pressure to act in accordance with their organisation's agenda over that of the multi-professional team. Ultimately, my findings suggest that competition between professional services is likely to hinder the ability of a multi-professional group to generate a shared goal, meaning that a Collective Preference as described by Gilbert (2001) is compromised due to competing agendas when working towards a shared decision.

### **5.2.3 Shared values, knowledge and goals**

Further to the collaborative processes being influenced by commissioning processes, so too are professional values. Such values include being able to support children based upon need, rather than requiring educational settings to 'buy in' services. My findings support the view of Jansson and Parding, (2011) who describe how organisational values can differ from professional ones, resulting in tension experienced by the professional. Professionals are tasked with following commissioner directives, while also holding their professional values. When directives and professional values do not align, the professional can experience tension that can affect their ability to act within their value system. Noordegraaf (2015) suggests that hybrid-professionals are emerging as a response to such organisational pressures, whereby a professional integrates

themselves into the organisational structure to influence the value system of the organisation. There is some evidence of that occurring within my research, whereby professionals will attempt to influence school practices over time, after delivering services that may conflict with their professional values.

My finding that meaningful contributions to collaborative working are facilitated by having in-depth knowledge about the child is different from previous research because they move away from the notion that contributions are made from understanding a domain of knowledge to that of understanding an individual and their context. Frost, et al, (2007) and Haslam (2001) describe the tensions that can exist when professional domains do not share common domains. In the pursuit of collaborative working, Edwards (2011) suggests that multi-professional teams will aim to develop a common knowledge to develop a relational agency. My findings suggest that the development of such knowledge is rooted in an understanding of the child.

By having the child central to discussions and fitting domains of knowledge around these discussions, professionals appear to pay less attention to the label of autism, often referring to it as a prompt rather than a central point of discussion. Focusing on the child facilitates the ability of a multi-professional team to generate a shared goal as described by Gilbert (2001).

Gilbert (2001) also advocates that shared responsibility is essential in achieving a Collective Preference. My findings suggest that collective responsibility is not uniform. A tentative suggestion is there are needs that are applicable to specialised and holistic professionals, respectively. Responsibility for addressing certain needs depends on the applicability of the professional role.

### **5.3 Research question three: Tensions within multi-professional working.**

#### **5.3.1 Power and control**

My finding that competition encourages using power over others in collaborative proceedings is compatible with Rose's (2011) findings regarding control. The hierarchical and competitive nature identified within my findings is in line with Rose's (2011) definition that some perspectives are given priority over others depending on perceived value. Within the context of my research, this tension is most applicable to those who are expected to attract funding from potential

clients yet may impact on the ability of the group to develop a relational agency due to conflicting agendas (Edwards, 2011).

### **5.3.2 Commissioning and collaborative processes**

My findings suggested that commissioning processes have an impact on the formulation of professional practices within a Community of Practices (Wenger, 1998). Commissioning can change the reification processes that individuals are exposed to (Lave & Wenger, 1991). My findings are in line with Schuman's (1996) research; external factors such as commissioner directives influence the discourse and interactions within a community, thus affecting the formation of one's professional identity, role and practice. With changes to one's Scope of Practice inter-professional interactions also change, influencing the collaborative processes within a multi-professional team.

### **5.3.3 Individual differences**

My finding that authoritative individuals perceived as non-cooperative hinder the collaborative process is partially compatible with the THINKSPACE model proposed by Swann and York (2011). Whereby, conflict and tension can be resolved through changing understandings or perspectives of the professionals working together through the sharing of knowledge. My research suggests that this process is not always possible where an individual is perceived to be in a position of authority and unwilling to engage in the collaborative process. The remaining professionals are less able to shift their perspective or understanding; the tension remains unresolved.

### **5.3.4 Shared knowledge navigates tension**

Colombo, et al, (2003) discussed the likelihood of tension ensuing during collaborative working regarding complex cases. Their reasoning for this is partly attributed to the various models' professionals subscribe to when exploring cases, e.g. medical model vs social model of challenging behaviour. Models of understanding that do not complement each other are likely to result in tension due to the increased likelihood of discrepancies in knowledge between the models. There is evidence within my research that shows how such tension is navigated through the construction of common knowledge (Edwards, 2011). Tensions regarding the understanding of autism are resolved through

addressing how the label of autism applies to the child's circumstances rather than through resolving discrepancies between models of understanding.

Professionals also recollected tensions regarding their role and how it is utilised within multi-professional teams. Frost, et al, (2007) highlight that within multi-professional teams, the boundaries of a role still exist and can cause conflict; this is also apparent within my study. However, my findings expand upon Frost, et al, (2007) in that challenges regarding multi-professional working were limited to the tensions professionals experienced regarding their ability to act within their values systems. Whereas, Frost, et al's, (2007) study illustrates the challenges professionals can have in establishing shared goals based upon different models of practice. My research demonstrates that unresolvable tensions compromise professional values and therefore the ability of the group to work towards a shared goal.

## **Chapter six: Design of Phase two**

Phase one of my research addressed how the collective views and values of professional groups were expressed. Phase two looked at the extent to which such views and values were expressed and acted upon within a multi-professional collaborative context. This was achieved by enacting a multi-professional meeting using a hypothetical vignette.

Discussion groups, discussing a hypothetical vignette were used as the method of data collection for phase two. Discussion groups acted as a method of data collection due to its strength in flexibility of application. Wilkinson (1998) described a particular advantage of using this method is in:

*“Observing how people engage in the process of collective sense-making: how views are constructed, expressed, defended and (sometimes) modified within the context of discussions and debate with others”* (Wilkinson, 1998 p.186).

It, therefore, suits the purpose of my research, which is to elicit, views, opinions, knowledge and understandings and explore how these are expanded or advanced in a social context. A discussion group differs from a focus group in that there is no interview schedule and the facilitator acts in an observer role. Within a discussion group, there is a set of instructions stating participants are to discuss a hypothetical case and develop a set of interventions that could be completed within the context of their current working conditions.

### **6.1 Materials - Vignette**

A vignette (see Appendix D) was used to see how these groups problem-solve and the approaches they take relating to the case set out in the vignette. The strength of this approach was that I was able to explore professional collaborative working while remaining ethical, i.e. real-life cases require the implementation of an intervention, which I could not guarantee. However, a considerable weakness of such an approach is that it is contrived. I could not guarantee that professionals would not behave differently in a situation where they are aware the case is hypothetical, and they are being observed and recorded.

A vignette is a text-based means of promoting discussion through a case example. They are a useful means to explore complex topics through grounded and specific examples (Arthur, Mitchell, Lewis & McNaughton Nicolls, 2014). Vignettes facilitate the collection of in-depth and rich data. They move beyond any initial and general responses and allow participants to explore the complexity of a topic (Bryman 2012; Arthur, et al., 2014). Vignettes help illustrate how general principles are applied within specific contexts, allowing participants to explore when they might deviate from their 'Scope of Practice' or typical approach.

Critics of vignettes argue that they lack external validity, i.e. they are contrived (Arthur, et al, 2014). However, I argue that due to the complex nature of the case presented to participants, vignettes facilitate the possibility of highlighting tensions or dilemmas associated with decision making as part of professional collaboration. The in-depth approach offered by vignettes facilitates joint discussions and meaning-making that participants are required to act upon based on their professional experiences and knowledge. Diverse professional experiences will have an impact on the ensuing discussion. Thusly, allowing for an in-depth analysis of each professional's contribution to the process of developing an intervention through collaborative means.

Further criticism of the use of vignettes concerns the role of cultural influences in gathering data. Taylor (2006), expresses doubt on whether vignettes are sophisticated enough to account for the cultural influences that impact upon participants. Such influences can include organisational pressures.

Furthermore, Jasso, (1988) found that vignettes overcame organisational pressures so that participants could provide the 'right' answer. I agree that these are legitimate concerns for the use of vignettes. I attempted to ameliorate these issues by instructing participants to treat the development of an intervention as within their current professional capacity, e.g. offering a realistic intervention, as opposed to ideal support.

## **6.2 Developing the vignette**

The process for developing the vignette was adapted from Taylor's (2006) Model of using vignettes within a factorial survey. This model was appropriate for adaptation as it clearly outlined the stages of developing, assessing and

administering the validity of a vignette. The overview for developing the vignette is outlined below.

Table 3: *The process for developing the vignette, adapted from Taylor (2006)*

Stage	Process
1. Define the research questions	Research questions for phase two were identified from the literature.
2. Identify factors to put into the vignette	A hypothetical vignette was developed using literature and researcher knowledge on autism and associated traits. Specific reference to mental health and challenging behaviour was mentioned in the vignettes as these are discussed within the NICE guidelines for managing autism (NICE, 2017).
3. Create the structure of the vignette	Structure the vignette by placing sentences and paragraphs into a sequential structure that is of interest to the participants. I achieved this by applying my knowledge of multi-professional working practices.
4. Pilot the vignette	The study was piloted using a small group of professionals (two educational psychologists) and the researcher, who discussed the detail, length, realism, structure and engagement of the vignette. Amendments were made based on feedback (See Appendix D).
5. Administer	The vignette was shown to participants as part of a discussion group. Enabling techniques were available if discussions became stifled or limited (See Appendix D).

A single vignette case was used to reduce the data contamination and to facilitate a cross-group analysis. A single vignette ensures that participants are responding to the same stimulus during each session. Therefore, differences



and similarities in the gathered data can be attributed to the participants and their interactions, as opposed to the introduction of various stimuli.

Each group was presented with a single case, as the subsequent discussion needed to be reflective of a 'real world' context. Typically, multi-professional teams are provided with in-depth information regarding a specific case, rather than broad descriptions of a case (Bryman, 2012). My research design had to reflect professional practice in achieving the stated aims. Such considerations, alongside time limitations and the likelihood of participant fatigue, meant I was only able to administer a single vignette case during each session.

### **6.3 Discussion enabling points**

To facilitate the administration of the vignette, I prepared a series of prompting questions, if the participants struggled to engage with the presented material and elicit their views. These prompts were developed based on the research literature. These techniques were reserved for starting a discussion; focusing or deepening the discussion on a topic that sparked interest amongst the participants; or promoting further thought (Arthur, et al, 2014).

During the completion of the research, I only needed to prompt the participants to move through the stages of discussion. An example of such was reminding the groups that they were tasked with developing a set of realistic interventions. This occurred on two occasions.

### **6.4 Group size**

Morgan (1998a; 1998b; 1988) suggests that participant groups exploring a topic should typically require 6-8 participants. Such numbers are not a typical representation of the number of professionals that would be working within a 'real-world' collaborative context, to support a child with autism who is at risk of exclusion (NICE, 2017). For the research design to be reflective of the practices used within a real-world collaborative multi-professional working context, smaller groups of 3-4 participants were required. Therefore, each discussion group consisted of 3-4 participants. Furthermore, Bryman (2012) argues that smaller groups facilitate an in-depth exploration of views and practices.

### **6.5 Participants**

A total of 15 participants in total took part in phase two; these included:

- four educational psychologists
- four Communication and Interaction Team workers
- four SENCoS
- three speech and language therapists

The participants were organised into mixed-professional groups, like that of multi-professional teams who frequently support children with autism in educational settings. These professional groups regularly collaborate as part of a multi-professional team when supporting children with autism (NICE, 2017). The groupings are outlined below. There was some cross-over of participants from phase one, due to a limited number of participants available, as some professions are small. Some participants were keen to participate in both phases. Also, participation within phase one did not limit the ability of a participant to act within the capacity of their role. Therefore, they were permitted to participate across both phases if they wished.

Table 4: *Participant demographics of discussion groups within phase two*

<b>Group one</b>	<b>Group two</b>	<b>Group three</b>	<b>Group four</b>
educational psychologist	educational psychologist	educational psychologist	educational psychologist
Communication and Interaction Team worker	Communication and Interaction Team worker	Communication and Interaction Team worker	Communication and Interaction Team worker
SENCo	SENCo	SENCo	SENCo
speech and language therapist	speech and language therapist	speech and language therapist	

Group four was notably absent a speech and language therapist participant. The reason for this absence concerns the difficulty in recruitment outlined above in section 3.5.2. Other challenges with completing the data collection of phase two relate to the logistical challenges of organising participants in one location at a specific time to complete a task that is outside their professional

responsibilities. Most sessions were held in the late afternoon as this was when professionals had the most flexibility. Furthermore, dates were set in advance so that participants could organise their professional duties around the session.

## **6.6 Data Collection**

Data from the discussion groups were collected using a digital recording device and then transcribed by myself. The details of any identifiable individual were then anonymised. These transcripts were then analysed using an abductive thematic analysis approach (see Appendices G & H for details). In addition to digital recordings, detailed field notes (see Appendix I) were taken during each data collection session, and my thoughts were also considered after each session. These notes contributed to the analysis of the data.

Field notes are a long-established method of data collection (Berg & Lune, 2012; Bryman, 2012; Hammersley & Atkinson, 2007) and can complement other forms of data collection such as discussion groups. Field notes allow key events from data gathering sessions to be documented, using strategies other than digital recordings. They are useful for documenting the contextual information that may influence the data that is gathered, record details around difficult areas of discussion, as well as my thoughts during and after a session concerning the data and relevant literature. However, I did notice that participants were aware that I was documenting notes on their behaviour and this may have indirectly influenced their interactions.

Arthur, et al, (2014) suggest that field notes are to be orientated towards the research questions. The research questions are developed from the literature, and therefore, any field notes are influenced by the theoretical underpinnings outlined in the literature review. Cohen, et al, (2000) described the analysis of field notes as beginning at the data collection point. Field notes are used to identify salient meaning and patterns as they happen in-situ. They also provide the opportunity to reflect on initial notes and add researcher thoughts, with consideration to the wider literature.

## **6.7 Data Analysis**

The transcribed data for phase two was analysed using an abductive thematic analysis approach. A detailed account of how the data was analysed is provided

below. The themes found are discussed within the context of the research questions within the findings section.

Initial analysis was conducted at the discussion group level, followed by cross-discussion group analysis, to formulate the themes that were consistent across each group. The stages of analysis are similar to those outlined in phase one of data analysis (see table 2).

Data collected from the field notes were analysed in-situ and after every data collecting session, as advocated by Cohen, et al, (2000). The field notes provided supplementary data to digital recordings. The contextual information alongside my reflections in light of the literature provided information that complemented the data analysed from the transcripts. The information from the field notes is disseminated alongside the themes within chapter seven.

## **6.8 Ethical considerations**

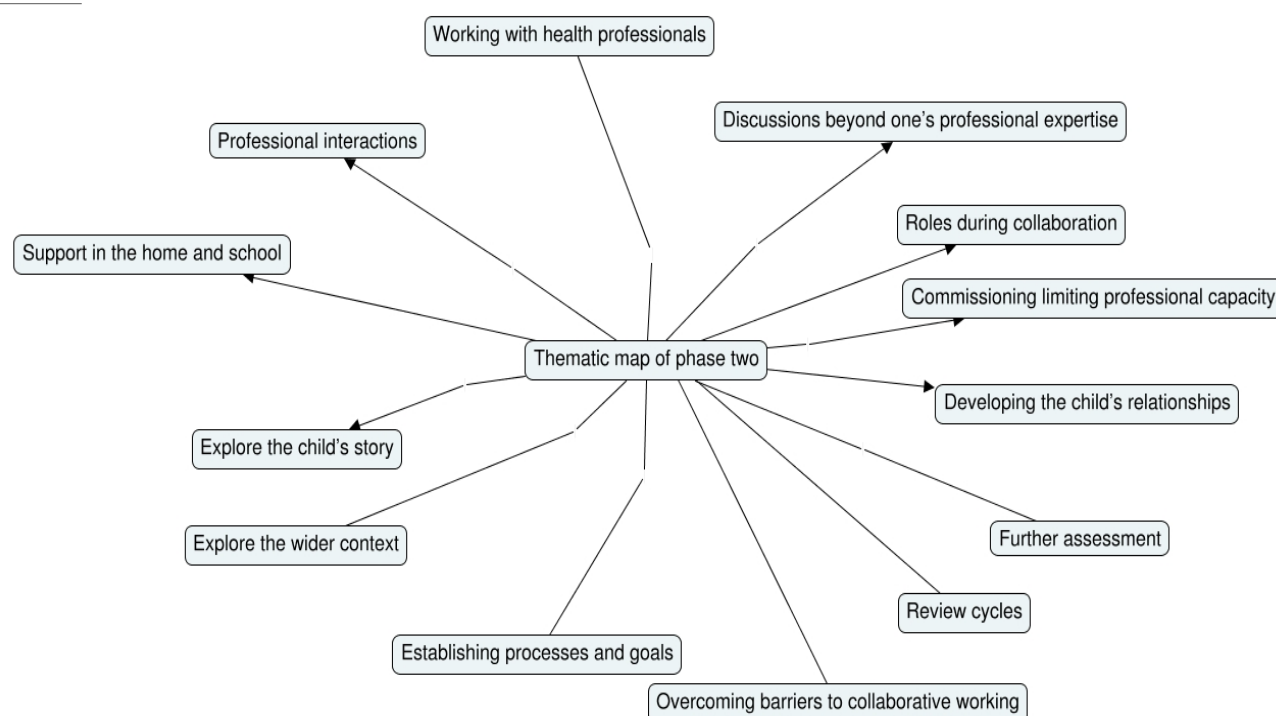
In addition to the ethical considerations already outlined within the methodological section, phase two had additional ethical concerns mainly regarding the use of a vignette and who was present. I was mindful that the use of real-life cases might have been identifiable to some participants. Therefore, I choose to create a hypothetical vignette that was based on theoretical knowledge of autism, typical and atypical circumstances that can be presented to any child. I also consulted the NICE (2017) guidelines on managing children with autism to address issues that were identified as common areas of concern for children with autism.

Another ethical consideration I took regarded who was to be present in the meeting. Typically, a parent would attend a multi-professional meeting. I could not ethically include a parent within my study as any parent currently experiencing challenges with their circumstances may wish to receive some of the intervention and I could not guarantee this. Secondly, for those parents who previously received an intervention, the study could potentially evoke distressing memories or experiences regarding a time they found challenging.

## Chapter seven: Phase two findings

In answering the research questions for phase two, I present the themes that were found from the discussion group analysis. Below is figure 7.1 outlining the themes relating to the research questions for this phase. Sub-themes are discussed within the main text.

**Figure 7.1.** *Thematic map of the findings of phase two*



**Figure 7.1:** Outlines the super-ordinate themes which were synthesised during the defining and naming themes stage of the abductive analysis procedure.

### **7.1 Research question four: What types of dilemmas arise during multi-professional meetings regarding the development of an intervention for a child at risk of exclusion, who has autism?**

In answering this question, three main themes were found including, working with health services, discussions beyond one's professional expertise, and commissioning limiting professional capacity. These themes suggest that professionals experience the three types of dilemma relating to Rose and Norwich's (2014) discussions of capacity and collective efficacy, role, control and identity.

### 7.1.1 Theme one: Working with health professionals

The discussion professionals had around developing an intervention to support a child with autism who is at risk of exclusion often address mental health needs. These needs often result in discussing whether CAMHS (Child and Adolescent Mental Health Services) should become involved as part of the support offered. In the following excerpt the educational psychologist is discussing the seriousness of their concern over the child's mental health needs and suggests getting a CAMHS worker involved:

*SLT: Would you put in place that other stuff and see if that reduced, or go straight for it?*

*EP: CAMHS takes so long to get an appointment.*

*SLT: Go straight for it.*

*EP: I would go to the GP, explain if they can refer.*

*SENCO: We can write a supporting letter on what we have noticed and how that has impacted.*

The resulting conversation illustrates the challenges of getting a CAMHS appointment, suggesting that accessing those services is difficult regardless of the level of need. The tension experienced relates to developing an intervention involving a service or professional that may not have the capacity to support the child. The professionals seek to resolve this tension by exploring other avenues within the health sector that could access CAMHS services quicker. They decide on writing a letter and referring the child through their General Practitioner instead. This strategy suggests there is local knowledge of the referral system and which professionals hold authority when accessing mental health services.

Interestingly, another group perceived the level of need as requiring a different type of intervention. Their approach was to advocate for advice from an educational psychologist and deliver it within the school:

*SENCO: yeah because what we haven't talked about here which is hard in real life is when we involve CAMHS. Because there is that worry around his mood, but there is probably the educational psychologist who*

*could give that advice we would need to have at this stage. He is not at risk if he is sort of low mood but comes out of it.*

This excerpt suggests that some professionals do not feel that the services offered by CAMHS are worth attempting to access, presumably due to the challenges in receiving support. Therefore, they do not thoroughly entertain the possibility, and seek to utilise another professional who they view as equally competent, i.e. the educational psychologist to offer advice. Similarly, the SENCo within this excerpt viewed the mental health needs the child was presenting with as not severe enough to merit specialist intervention and manageable within the school provision.

The tensions that result in dilemmas when working with health professionals suggest that the boundaries of practice that clinic-based health professionals operate within are limited. These limitations reduce the therapeutic capacity of the health practitioner. It is these limitations on capacity that are felt as a tension by school-based professionals. They aim to resolve such tension by developing capacity through other professionals available to them, e.g. educational psychologist and Communication and Interaction Team workers.

#### **7.1.2 Theme two: Discussions beyond one's professional expertise**

When professionals discuss aspects of a child's life or presenting needs that are outside their area of expertise, tensions concerning their role can be found. A professional's Scope of Practice is influenced by their expertise and demonstrates the areas of competency available to them. To move beyond their area of expertise can be challenging for the individual. A speech and language therapist describes the challenges they face in offering advice that is not directly related to communication or language-based needs:

*SLT: For me, to be honest, that is the area I would feel least confident about. Saying ok, this is what we do next, I mean I did write down those sorts of scenarios in the school, social stories, but I think that sort of concerning behaviour, for me that is where I would be a bit more wary of jumping in there with some ideas or advice. Obviously, the language and the communication is the area where I work and there is obviously a lot*

*of questions raised at home. So, I just wanted to get from you guys as well, what were your thoughts on?*

The tension that arises for the speech and language therapist relates to knowing that an area of need is to be acted upon, but not knowing how to address it. The dilemma they face is whether to offer advice based upon their previous experiences (e.g. offering social stories) or rely on their area of expertise, i.e. language and communication. They resolve the dilemma of whether to offer advice or not by opening the question up to the other professionals and gathering their views. Therefore, gaining different perspectives that allow them to engage in a triangulation process.

### **7.1.3 Theme three: Commissioning limiting professional capacity**

Commissioning processes can impact on the boundaries where a professional is permitted to enact their role. Variations of such processes can result in dilemmas for multi-professional teams.

Professionals do not appear to talk in-depth about how commissioning processes impact on their service delivery; it becomes apparent when discussing specific roles within an intervention. A SENCo describes how the Communication and Interaction Team cannot work in the family home:

*SEnCo: What is really tricky with the Communication and Interaction Team, is that they can't work in the home.*

Leading the speech and language therapist to question why, resulting in the Communication and Interaction Team member to state:

*CIT: we are school based, not family workers.*

Such evidence demonstrates the boundaries of professional roles and the tension this can create when developing interventions. The SENCo places value in having professionals gather evidence regarding home life, yet this is not possible, because it is outside the boundaries of the role of the Communication and Interaction Team. However, as a result, the speech and language therapist offers to provide this support in the home:

*SLT: from his language perhaps, therapists could work with the communication and interaction team because certainly, we can go in the*



*home.*

The tension caused by the boundaries of professional roles is overcome by creatively considering alternative ways of working through joint working. The versatility of professionals facilitates this. Such versatility is likely to have been gathered from a prolonged time working as part of multi-professional teams, resulting in a shared identity that facilitates a generalist approach to solving problems. This versatile approach allows flexibility outside one's role to facilitate the limitations on the capacity of other professionals.

How the professional positions themselves with their commissioning processes also have an impact on the boundaries of their role:

*SLT: So, I wouldn't necessarily say an outward referral to the NHS, but if I am positioned within the school and I can offer that support.*

The speech and language therapist states that referral through the National Health Service (NHS) would not be appropriate, but support could be offered if they were based at the school on a more frequent basis. This statement suggests that those speech and language therapists based within the NHS would not be able to accommodate the child in questions for assessment or therapeutic services. They recognise there is a presenting need as a school-based therapist would be deemed appropriate. Thus, suggesting that their organisational contexts determine the capacity of a professional.

#### **7.1.4 Summary of research question four.**

The dilemmas that emerged within the discussion groups included: working with health professionals, the impact of commissioning processes on the boundaries of professional roles, and professional expertise. Each of these dilemmas highlighted the areas of competency for professionals and how multi-professional teams navigate limitations associated with competency. The boundaries of professional roles were a common thread within each of these themes. The capacity of professionals is a reoccurring tension when engaging in collaborative work. It is through a knowledge of each professional's capacity that discussions on interventions can occur; resolving dilemmas. Therefore, it is vital that such discussions occur as they develop the processes that become permissible to the multi-professional team in arriving at a decision.

## **7.2 Research question five: In what ways do professionals arrive at a decision when working as part of a multi-professional team developing an intervention for a child at risk of exclusion, who has autism?**

In answering this question, six main themes were found, interactions, explore the child's story, explore the wider context, establishing goals and processes, overcoming barriers to collaborative working, and roles during collaboration. These themes explain the processes and behaviours that professionals will engage in as part of the multi-professional collaborative process when developing an intervention that supports a child at risk of exclusion, who has autism.

### **7.2.1 Theme one: Interactions**

Professionals working as part of a multi-professional collaborative team will use a variety of strategies to arrive at a decision. These can include seeking clarification, challenge, validation, explore each other's point of view, and expand on another's contribution.

#### **Clarification and expansion on topics**

Professionals will frequently seek clarification of each professional's contribution. Clarification provides a greater understanding of the professionals meaning and how it can be applied to the presenting problem:

*SENCo: just things like that really. Am but one-to-one, I wouldn't give him a one-to-one per se in learning.*

*EP: Do you mean a one-to-one kind of intervention, like therapy?*

The nature of this interaction provides a triangulation approach whereby professionals are not only seeking clarity of meaning, but they are developing the path by which the intervention will develop. From this interaction, there is already a notion that some form of therapy will be a part of the provision offered to the child. The topic of therapy creates a focal point by which other professionals can expand, as demonstrated by the speech and language therapist's subsequent contribution.

*SLT: At what point would you say there to be a referral basically, some one-to-one intervention.*

The speech and language therapist was able to introduce procedural factors now that there is a more precise idea of therapy being discussed. Thus, enabling the professionals to discuss the referral process and explore who will deliver the intervention.

### **Validate a viewpoint**

Professionals will also seek to validate each other's perspectives. This approach encourages other professionals to expand on what they have suggested or accept a level of criticism offered. As demonstrated when discussing a child's sense of identity. The educational psychologist alludes to a suggestion made earlier by a SENCo:

*EP: I really like that story, you know you talked about the one-page profile but something beyond that as well.*

*CIT: But deeper*

*EP: Something that tells his story but makes sense of*

*SENCo: Makes sense for him.*

By suggesting that the one-page profile is a good avenue for exploration, they have directed the conversation to discuss the child's identity, making the overall discussion child centred, rather than focusing on other aspects of the problem such as challenges the school are facing or the label of autism.

### **Challenge**

Professionals will gently disagree with each other on what they believe is the most appropriate interpretation of needs and a subsequent process.

*SENCo: So, if we then had a child centred meeting and out of that he had some loss counselling.*

*EP: I think it is quite difficult yeah, it's, it's difficult to say, because children will process grief in so many different ways and it is first having that structured conversation with him. Thinking about he has a diagnosis of autism and getting a sense of his understanding of emotion and loss.*

The psychologist does not disagree with the SENCo in so far as that the child in question needs support regarding their emotional experiences. Where the disagreement lies is in the process by which to develop that support; the educational psychologist advocates for a less formal approach, initially through a conversation. The educational psychologist places value in gathering an understanding of the child's emotional experiences through a trusted relationship, rather than initiating a new one through a counsellor. Therefore, there is a change in the process taken, but the shared goal remains, i.e. support the child emotionally. Not all challenges made are gentle:

*SENCO: Yeah have they had 'Peter's Path'? You know whole family counselling.*

*EP: Is it necessary? Those kinds of things. Am, going back to what you said, (motions to speech and language therapist), it looks like he has had a fair amount of one-to-one assessment already, which doesn't seem to have led to a one-to-one intervention. So, we got to presume there is a reason for that.*

The direct questioning of "is it necessary?" is immediately qualified by alluding to the processes that have proceeded the current meeting. The educational psychologist here is reducing the impact of their challenge by recognising the decisions previous professionals have made as valid. Although not stated, it is implied that in a different context the offer of 'Peter's Path' as a provision would be valid and necessary. Therefore, the educational psychologist has successfully challenged the SENCo's suggestion and subtly validated it simultaneously.

When professionals challenge each other's contributions the primary aim appears to be to influence the development of the intervention. However, there appears to be a secondary aim of maintaining working relationships, through validating contributions, while challenging them. The reason for this approach may lie in a desire to maintain professional relationships; contributions of each professional are collectively viewed as valuable to the collaborative process. Any, perceived tension may hinder this collaborative process, therefore professionals challenge tentatively.

## **Joint exploration of issues**

Discussions allow professionals to build links between potential factors acting upon the child. In the excerpt below the conversation begins with discussing parental support and ultimately concludes in what may be impacting the child's sensory needs within the classroom:

*CIT: something to give him a bit of time and likewise with the daughter as well because she has got her own needs as well.*

*SLT: you could get family support, they let family support workers in through health sometimes. ....*

*EP: Mum's keen, that's one thing isn't it? And it looks like in school there is obviously the autism, but the literacy difficulties seem very significant then the mental health as the end, for a child to be silent for days.*

*SLT: it is probably all the stress*

*EP: yeah*

*SLT: Dealing at school and then going home and he has not got a safe place at home either, he is feeling...*

*CIT: It has said somewhere, the busy classroom, yeah sensory overload and the busy classroom, so, is that him getting to a point.*

*SLT: He is opting out.*

Through joint exploration, the group was able to tacitly develop links between each of the discussion points within the conversation. Initially, discussing the relationships within the child's family led to the educational psychologist questioning the mental health needs of the child. Subsequently, the team attributed this to stress. The topic of stress prompted the Communication and Interaction Team worker to explore his sensory needs within a busy classroom. Each professional prompted discussion in a subtle way that allowed the perspectives of each professional to come to light. Therefore, identifying the broad range of factors that will have to be addressed in developing an intervention for the child.

### 7.2.2 Theme 2: Explore the child's story

A key component to developing an intervention that reduces the risk of a child with autism becoming excluded is that of exploring the child's story or narrative. This theme appears to have three key aspects, the child's identity, their narrative and their strengths. The purpose of exploring the child's story was to unveil what motivated them and what could provide an account for the behaviours they may be exhibiting currently, as outlined by an educational psychologist when discussing the behaviours around a child's mental health:

*EP: That is going to be a key starting point, actually sitting down with him and making sense with his grief and loss, just to gain that understanding really.*

The educational psychologist views the child's interpretations of their circumstances as vital to the multi-professional collaborative process. The understanding gained from the child's perspective will serve to act as a foundation for multi-professional discussions that will ultimately result in an intervention for the child.

The conversations had with children, appear to be therapeutic in themselves as described by a SENCo:

*SENCo: Sometimes just by acknowledging that and them knowing that you are holding them in mind, might really support them, but he might think that I am really struggling and no one has noticed, like you were saying its attention seeking that is coming out in the behaviour, screaming out for attention, that actually you could give him.*

The information gathering conversations with children appear to serve two purposes. Primarily to gather information about the circumstances and secondarily to acknowledge that the child is suffering. Through such acknowledgement, there can be therapeutic effects through already established relationships:

*CIT: If somebody did the work with him like you just said and then he had a person-centred planning meeting where he was at the centre of it, he and the team, he put up upon the walls all the positives so he could get some positive feedback.*

The positive relationships with adults in schools allow a child to feel empowered to share their story with professionals. It is through this sharing that professionals can learn critical aspects of the child's views by which they can develop an intervention:

*SENCo: he could then talk to the professionals and the people involved with his views in a very supported way, then the professionals could pick the bones out of that couldn't they?*

Similar to understanding the child's views professionals are invested in exploring the interests a child may have:

*SLT: He is demonstrating an interest in the military, what about something outside and I know he is only nine, and I am not sure what age they go into things like scouts, army cadets, sea cadets.*

An interest in the military opens the child up to possible communities that he can access. The speech and language therapist holds value in having a child interact with his peers around a shared interest. It is through communities that an individual can learn and explore their identity in developing their sense of self. Thus, in part, meeting their mental health needs.

Professionals also wish to build upon the relative strengths a child demonstrates as a measure that can hold them in positive regard amongst their peers:

*CIT: It is also about finding ways to help him feel better about himself as well, so building in things that he is already good at, so singing is obviously something that he quite enjoys isn't it? So, it is trying to build that in for him, in a positive way, so the other children see him in a positive way.*

Through exploring singing, a talent the child possesses, the professionals are attempting to promote the child's social standing amongst their peers. There is an inherent assumption here that positive regard will promote one's mental health and sense of self, possibly through the increased number of positive social interactions reinforcing a favourable view of the child.

## **Child and parental views**

When exploring the problem, multi-professional teams do not appear to rely on their experience of expertise to advocate for the child. Instead, professionals explore the views of the child:

*SLT: What are the students view?*

*SENCo: Absolutely that is number one.*

This exchange is then followed up by exploring the parent's views, creating a clear priority of exploration:

*CIT: And then the parent's views, it is really important to have that as well.*

Through exploring the child's views and then the parental views professionals have a stable foundation from which proceedings can begin. There does not appear to be any dispute on the appropriateness of such a strategy suggesting that professionals agree on the process.

### **7.2.3 Theme 3: Explore the wider context**

The wider context of the child's life is also viewed as important to explore. This is primarily achieved through discussions regarding the family and significant people in the child's life, but also includes discussions around the label of autism, previous professional involvement and significant life events and their impact upon the child.

## **Hypothesise about the child's circumstances**

Multi-professional teams engage in discussions concerning family systems and dynamics when exploring the child's context:

*SENCo: it is quite difficult to express, maybe there is a bit of worry around his sister. But also, now losing his Mum because she is preoccupied with the sister and it is really difficult to express that.*

The SENCo's hypothesis about the nature of the dynamics within the family based on the needs of the sibling, and from this deduces that the maternal relationship with the child with autism is likely to have suffered. Through exploring these relationships and their interactions, the professionals gain a



greater level of insight into the daily emotional experiences of the child with autism and how that may impact them.

Professionals will also seek to find out what the wider support network around a family may be:

*CIT: We don't know what the wider support network is.*

Through this exploration, professionals can question whether families are isolated or are they able to depend on extended family for support:

*SENCo: Hasn't got any other support because the Spanish side have a huge extended family.*

By gathering knowledge on the available support network, professionals can develop potential family-support interventions:

*CIT: Is there support groups and networks that we could put Mum in touch with?*

### **Explore previous professional involvement**

In understanding the context of the child, professionals usually wish to gather knowledge of any previous professional involvement. Such knowledge develops an awareness of what strategies have been attempted, and the extent to which that has had a positive impact on the child. It is through this exploration that professionals can begin to develop a higher understanding of what interventions support the emotional well-being of the child. The following statements are from two educational psychologists in different discussion groups:

*EP: It says that he can use silence facing a wall that can last a few days. So, a child who is nine, who is silent for days, this is a serious mental health concern, because it talks about an OT and EP, but it doesn't say anywhere around CAMHS, there are so many avenues to explore, aren't there?*

*EP: He must have seen an EP twice, he has OT advice and I am assuming communication and interaction advice, so are you using any of that?*

Within both statements, the educational psychologist identifies a professional service that has not been involved. The lack of involvement allows them to explore the nature of the problem and how those supporting the child understand the problem. Within the second statement, the educational psychologist uses the terminology of 'assume' suggesting that there is a common and well-known practice that the Communication and Interaction Team is an appropriate service given the level of need.

The first statement suggests that the educational psychologist is developing possible topics for a group discussion that will result in provision supporting the child's mental health needs. Achieving such a discussion by initially stating the problem "this is a serious mental health concern" then by alluding to the service that can offer support "it doesn't say anywhere around CAMHS". Through such statements, the educational psychologist is priming the other professionals to engage in a discussion that will ultimately lead to a CAMHS referral.

### **Autism as a label**

Autism is a contextual factor that is explored as part of the collaborative process. Professionals will discuss autism as a means of promoting discussion. They will also use humour to normalise behaviours associated with autism. The purpose of this appears to build a rapport with the other professionals and avoid catastrophising the present issues.

Autism is a label that can facilitate discussion through a knowledge of the associated traits:

*SENCo: He also has got the autism so doesn't necessarily have the [social] understanding.*

The SENCo is able to make assumptions about the social understanding of the child, through their knowledge of autism. Another SENCo explored the child's identity through the traits associated with autism, i.e. fixated on specific topics:

*SENCo: and make that connection, my Dad's in the military, I'm going to find out everything, especially if he has autism, on the spectrum. Has that focus.*

The child's dad was in the military, and it is through the knowledge that children with autism can become fixated on a topic, that the SENCo was able to posit the notion that the child wanted to establish a connection with their father. Such explorations of a child's experience with autism resulted in the multi-professional team developing a therapeutic intervention:

*CIT: So, there is more kind of deep therapeutic work in understanding himself where he fits in with his family.*

The behaviour the child exhibited allowed the professionals to establish that the child may be exploring their family narrative, leading to the conclusion that he may wish to understand his role within the family context.

By exploring the autism label professionals engage in a discourse that promotes a shared understanding of the child's needs. This discourse appears to be achieved through exploring the traits associated with autism and then 'normalising' the needs of the child, as demonstrated by an educational psychologist when they suggest:

*EP: It sounds like you have got a lot of these autism behaviours but also a young boy who is kind of displaying that he needs that adult support, and that he needs that encouragement, and activities to build upon his strengths as you were saying.*

The educational psychologist begins the discussion by acknowledging some behaviours are in line with the label of autism, but that the support he requires is relational and personal to the child. The discussion moves from exploring a specialist knowledge of what is typical autism to an idiosyncratic child-centred view.

#### **7.2.4 Theme 4: Establishing goals and processes**

It is through a shared understanding of the dimensions of the problem or the circumstances the child is facing that professionals begin to advocate on the processes that are viewed as appropriate for the child and family:

*SENCo: I think we have got three strands for him, we have got the emotional support, which is home and him, then we are going to look at specifically what we can do in school and then there is the very specific*

*and very high level of professionals needed to deal with really tricky things to come in and deal with certain things at certain times. It is like you said (to EP) there is so many layers, there will be a right time for a bit of loss counselling, won't necessarily be right at the beginning, but it is when it is right for the work to be done.*

The SENCo summarises the areas where an intervention can be developed, while also describing the reasons why other avenues of support will not currently be considered. Stating areas of need that require addressing and the subsequent intervention may go unchallenged. Resulting in a collectively perceived assumption, that the team is in agreement. This interpretation assumes that no professional feels inhibited to challenge the process, which is not always the case, given discussions in phase one of my research regarding challenging authority. However, the discourse is established and with it a means of moving forward.

There appears to be a drive to have each professional and parents in agreement on the processes when working towards a shared goal.

*SENCo: We need to get on the same page, what works at home we will use and what works in school mum will use at home.*

Through having shared processes, there is an agreement on what is the best way to reach a shared goal. Therefore, if every individual within the team is fulfilling a role that is in line with the goal it maximises the team's efficacy. The SENCo is suggesting that by using the same strategies across settings maximises collective efficacy.

Multi-professional teams often engage in dialogue to explore the appropriate level of a review process:

*EP: CAF (Common Assessment Framework) or an EHAT (Early Help Assessment Tool) in place for this child. It would appear to be more of an EHAT because there are some serious...*

*CIT: ...See I would go with EHAT.*

The educational psychologist suggests an Early Help Assessment Tool over a Common Assessment Framework and is interrupted by the Communication and

Interaction Team worker; they also advocate for an EHAT. This dialogue demonstrates agreement between the two professionals on the process. The agreement was made explicit through the initial proposition on the review cycle and resultant dialogue.

#### **7.2.5 Theme 5: Overcoming barriers to collaborative working**

One barrier that has already been discussed is that of commissioning. The commissioning process can limit the boundaries of individual professionals. Unclear, limited or changing boundaries can be challenging for professionals when deciding on an intervention, as allocating specific roles can be hindered by what they are permitted to do. One measure that appears to overcome this barrier is that of joint working:

*SLT: Perhaps a therapist could work with the Communication and Interaction Team because certainly we can go in home.*

The multi-professional team was able to explore each other's capacity and come up with a novel way of facilitating the limitations imposed on the Communication and Interaction Team. The SENCo viewed this as being more valuable:

*SEnCo: but also, the joy of that experiment together what is working for him as different things work for different children, social stories might work, it might be all sorts of things.*

Professional collaboration is likely to result in a triangulation process that facilitates the development of an intervention. Professionals can explore each other's views in-situ through an interactive discourse that is likely to lead to a greater understanding of how to support the child. The assumption made by the SENCo is that through an interactive discourse, professional expertise and bias will routinely be challenged resulting in a perceived optimal intervention for the child.

#### **7.2.6 Theme 6: Roles during collaboration**

##### **Specialist role**

Although there appears to be a development of a shared identity when professionals discuss issues together, there also appears to be a realisation

that they are from different groups and this affects their behaviour in broad ways when working as part of a multi-professional collaborative team.

Building on the clarification sub-theme discussed earlier; professionals will seek to work in domains where they are comfortable. This behaviour can largely be attributed to the Communication and Interaction Team workers and the speech and language therapists. To obtain a task that is within their specialist domain, they will often advocate their role:

*SLT: Does he need a language assessment to understand where his understanding is?*

*SLT: Yeah, yeah (PAUSE) well actually he definitely needs a language assessment.*

*SLT: And we would accept him as an assessment, absolutely.*

*SLT: I think I would want to do a good language assessment.*

*SLT: There has to be language.*

*CIT: I would suggest also that there is a role there for the Communication and Interaction Team to sit with the school team.*

The reasoning for advocating one's role may be due to these professional groups being more specialised in their application of knowledge. Therefore, they view other professionals as less understanding of the nuances of what they can offer, so instead, they offer it willingly. Furthermore, having a specialised knowledge means that these professionals can work within specific realms and are less adaptable to changing circumstances. Therefore, to work outside these areas might render their contributions inert and possibly harmful, a reality they may be aware of when advocating their role.

### **Director role**

Professionals will allocate roles to other professionals. These professionals take on a director role, usually but not limited to, an educational psychologist or SENCo occupying this role. The following excerpt is from a brief dialogue between a SENCo and educational psychologist discussing the next procedural step to support the child at risk of exclusion:

*SENCo: Pick off the ones that we need to prioritise. I think an EHAT is the way forward to co-ordinate a response.*

*EP: I think that we have a couple of outcomes that we are striving for and how we are going to achieve those outcomes. Because the EHAT is kind of an extended exploration of the story isn't it.*

The behaviour exhibited here is indicative of the generalist position that the educational psychologist and SENCo can adopt. Their primary concern is addressing the holistic aspects of the problem. The SENCo aims to set the goals in order of priority. The educational psychologist moves the discussion to be goal orientated through exploring the child's narrative further, without suggesting any targets. Therefore, opening the conversation to the remaining professionals to describe what goals the team should be aiming to; providing an opportunity for other professionals to advocate their role. It is through establishing a shared process, that roles are allocated, and a shared goal is agreed. The director role influences this.

### **7.2.7 Summary of research question 5**

When working as part of a multi-professional collaborative team, professionals will arrive at decisions through various means. These range from the way they interact with one another, to explore topics such as the child's story, their label of autism, the broader context in which they live and previous professional involvement. The dialogue that professionals engage in allows them to navigate topics that establish processes and goals that professionals will then enact. Within this dialogue, professionals appear to broadly occupy one of two approaches in their interactions, that of the specialist or the director. They also problem solve together in overcoming some of the barriers they experience.

### **7.3 Research question six: What type of decisions do professionals arrive at during multi-professional working when developing an intervention for a child at risk of exclusion, who has autism?**

The decisions that professionals make when working collaboratively to support a child with autism at risk of exclusion range from procedural to interventional. The procedural decisions include establishing a review cycle on the impact interventions are having and establishing an on-going dialogue between school

and home. The actual interventions address three areas, support in the home, support within the school and developing the relationships the child has.

### **7.3.1 Theme one: Review cycle**

A key component of ensuring that interventions are effective is that their impact is reviewed. Often professionals will advocate for this in some capacity. Within my study, the EHAT process was often advocated for which has a regular review cycle. As previously discussed, the appropriateness of the review cycle is explored through a discourse. There appears to be acceptance amongst the professionals, suggesting that the decision is a collective one.

### **7.3.2 Further assessment**

There also appears to be an element of further assessment work. When a child becomes at risk of becoming excluded, professionals do not opt to rely solely on previous professional reports, as circumstances are likely to have changed. Therefore, they opt to conduct further assessment work to gain greater clarity on the child's circumstances, which can then be discussed at the next review meeting. The following excerpt describes a home visit as part of a further assessment:

*EP: I have home visited in the past, I have home visited with SENCO's in the past, that might need to be something that needs to be done, just to get a sense of what it is like at home and what kind of struggles is mum facing with those children.*

The educational psychologist suggests that a home visit alongside the SENCo may be an appropriate measure to gather more information on the child's family life. The notion that a joint assessment is appropriate suggests that the educational psychologist values the contribution the SENCo will bring as part of that assessment.

### **7.3.3 Support in the home & school**

There is a collectively held view that the child's home life should be incorporated within the overall strategy to support the child. Holistic factors that may be influencing the experiences and behaviours of the child across settings. To enact upon such decisions professionals often advocate for someone to work within the home on an advisory capacity. This is often suggested to be a



parental support advisor or a family support worker. The aim of such an intervention is based around the notion of upskilling the parent to develop their relationship with their child further. The benefit of such an intervention is that the child will begin to address the mental health needs that can often present within a child with autism at risk of exclusion:

*SENCo: For mum, I am very lucky to have a very good PSA, and she can come in to, even just to have a cup of tea and a moan, or signposting, or a bit of help, so Mum has got something too, and that is all linked in with the school, so it is all the same thing. So out of those conversations, she has got that regular sort of drop-in.*

Further to offering support within the home, schools will wish to establish a dialogue with the parent. The aim of which is to build a relationship between a key member of the school staff and the parent. A positive relationship is viewed as the foundation by which continuous dialogue can occur between the school and home.

#### **7.3.4 Upskilling parents**

Professionals may even offer parents support to upskill them on an aspect they struggle with, that will also help them support their child. An example of this is upskilling the parent on communicating with children who have autism:

*CIT: And also, mum is trying to explain, but how does she explain, does she understand his autism enough in a way to explain he would be able to understand. So, it is about supporting her.*

Through developing an understanding of autism and how the associated traits may manifest themselves, a parent can begin to explore ways of effectively communicating with their child. The learning of a new skill, i.e. understanding autism is thought to increase the skills of the parent to better support their child.

#### **7.3.5 Upskilling school staff**

There is a view within a multi-professional team that a SENCo and their school-based staff are the holders of problems regarding exclusions. Therefore, much support is aimed at empowering those individuals to act upon their problems. The supporting professionals such as the Communication and Interaction Team workers view their role as working alongside school staff to either develop their

understanding of the problem, or upskill them on a specific task, so they are empowered to support the child adequately.

### **7.3.6 Developing the child's relationships**

Central to the support that is offered to the child is their sense of well-being. The primary means by which professionals attempt to address this is through developing the relationships the child has, whether that is through their peer group or adults. Relationships allow a child to establish a connection to someone, where they can explore their identity, interests and socialise. These combine to give a child a sense of belonging, and it is through this they begin to feel positive within themselves and access their learning environment. The primary relationship that professionals address is usually that of the parent:

*SENCo: I don't know if we look at it with mum as well, that he has a little bit of special time with her every day, or even if it is a couple of times a week in school where he can sit and share his work, on something that has gone really well.*

Relationships are developed through shared experiences. Focusing the event around a positive topic such as a good piece of class work will develop a more positive relationship than the one before the intervention. The positive experience is hoped to result in the child feeling good about themselves, while also developing the sense of belonging they may have within their own family.

### **7.3.7 Mental health therapeutic work**

Children with autism who are at risk of exclusion are likely to display behaviours that school staff experience as challenging. Such behaviours are often (not always) a manifestation of a mental health need, as discussed in previous sections. Professionals that collaboratively support children who display such behaviours often recognise the possibility of a mental health need. Throughout this research, professionals debated on when to introduce mental health support, rather than should such support be offered. Therefore, it is debatable to what extent professionals are collectively satisfied with the timely introductions of therapeutic work. Such dissonance may be reflective of the challenges of understanding someone else's subjective experiences of mental health needs:

*EP: We have spoken a little bit about his mental health, and it is hard to know his experience of that.*

### **7.3.8 Strength-based interventions**

Professionals spend a comparable amount of time discussing the strengths of the child in question, that it is natural that some of the interventions suggested will reflect these strengths or interests:

*SENCo: He is obviously needing some sort of mental health support, and his strength seems to be his music which I would have thought is the first thing we would try and tap into, to get some support.*

Investing in the strengths of a child is viewed as a means of maintaining motivation or increasing the chances of an intervention proving to be effective. It is for this reason that professionals spend time exploring the child's strengths and interests.

### **7.3.9 Summary of research question six**

The decisions that professionals arrive at when working collaboratively as part of a multi-professional team, supporting a child with autism who is at risk of exclusion can be broadly categorised into three categories: information based, key adult support and child-focused support. The information-based provisions relate to review cycles and gathering of additional information through professional assessments. The key adult support involves upskilling those who interact daily with the child on skills relating to the child's needs. Finally, the focused child interventions are those therapeutic interventions that require the child's engagement, such as developing relationships or receiving therapy.

## **Chapter eight: Discussion of phase two**

### **8.1 Research question four: Arising dilemmas during multi-professional meetings?**

#### **8.1.1 Developing group capacity**

Dilemmas of working beyond one's Scope of Practice also occurred. The capacity of a professional role is limited by the directives placed on it by commissioners. These dilemmas relate to Jansson & Parding's (2011) discussions regarding the tension between occupational and organisation values; professional competencies are not fully realised based on the boundaries put in place by commissioning directives. Therefore, professionals feel they are unable to enact the full potential of their role and opt out of work that is within their competency. In resolving such dilemmas, my findings suggest that professionals will explore each other's capacity to identify where role overlap, to agree on a shared process and intervention. Such findings are consistent with Rose and Norwich's (2014) Collective Commitment model, i.e. identify group capacity and competencies to resolve dilemmas concerning professional role boundaries.

#### **8.1.2 Shared knowledge develops collective competency**

The exposure and overlapping of domains of knowledge appear to have a competency building effect on multi-professional teams. Haslam (2001) describes how professionals may be able to identify with one another if knowledge domains overlap. However, my findings develop this theorisation further. Professionals can use their limited knowledge of another professional's specialised knowledge to further discussions. This is achieved through exposure to a range of professional domains over time, creating a relational agency (Edwards, 2011). Therefore, the collective competency of a multi-professional team is facilitated by the ability of professionals to have some understanding of each other's knowledge.

#### **8.1.3 Deciding whether to include health professionals**

School-based professionals appear to experience dilemmas on whether to request the involvement of health professionals. Such dilemmas relate to Rose's (2011) discussions regarding control, specifically territory. The dilemmas often described the responsiveness of health professionals, i.e. too slow.

Alternatively, their involvement was limited, therefore, not a valuable contribution. Such a finding is in line with Daniels, et al's, (2007) findings of the responsiveness of professionals. Their study suggests that where structural and systemic processes do not align to generate a responsive provision then professionals will seek out other measures that navigate such limitations. My findings further support such a claim as alternative provisions were often discussed within the capacity of the multi-professional team itself, due to the perceived unresponsiveness of health professionals. Such actions further support the model of Collective Commitment by alluding to the capacity of the group to resolve dilemmas (Rose & Norwich, 2014).

## **8.2 Research question five: Making decisions within a multi-professional team.**

### **8.2.1 Interactive processes**

Rose and Norwich (2014) reference the importance of understanding the social processes that occur during multi-professional collaborative working when making decisions. Their Collective Commitment model describes the interpersonal processes that are likely to occur in resolving tension or dilemmas when working collaboratively. However, my findings offer insight into the interactive social processes that occur as part of a collaborative decision-making process. These include but are not limited to seeking clarification, expanding on views, validating perspectives, challenging perspectives and jointly exploring topics.

My findings complement the study conducted by Kelly, et al, (2018) in that they illustrate how professionals value clarity of meaning when discussing topics. Kelly, et al's, (2018) study showed that medical professionals valued a precise formulation of the problem, so that they can enact their respective roles with lucidity. Their study was conducted with mental health professionals, when combined with my findings, there is a suggestion that professionals who collaborate value clarity of role regardless of their professional background.

My study suggests that inter-professional challenging of views is a vital aspect of the triangulation process; gaining the optimal understanding of circumstances based upon comparisons of professional perspectives. Challenging can appear to be direct or subtle; professionals will ask direct questions or reframe the

offered advice to redirect conversations. Reframing problems are in line with the discussions put forward by Frost and Robinson (2007), Schuman (1996), and Swann and York (2011), who each describe how changing perspectives can resolve a conflict. My findings support such claims. Through reframing of problems, professionals establish a shared understanding of the problem or way of progressing the decision-making process.

The gathered evidence suggests that validating other professional views creates a relational agency (Edwards, 2007), or alignment (Wenger, 1998), between professionals. Alignment of understanding appears to be achieved through active listening; repeating back what was said to show they are listening and accepting of their contributions. This type of interaction limits any tension perceived by any one individual, allowing them to explore topics collectively and create new ideas eventually. Therefore, collaboration is possible through a clear understanding of the problem and being able to relate to those one collaborates with.

### **8.2.2 Child centred discussions**

It appears that within my findings, challenging other professionals is tolerated where the desired intention is to support the child. Through alluding to the goal, as Rose and Norwich (2014) suggest, tension is managed. However, the possibility that challenges are tolerated only to maintain relationships cannot be ignored. Professionals may value maintaining a relational agency in the pursuit of effective decision making, so tolerate having their views challenged.

The interactions outlined here build on the knowledge of what it means to participate within a multi-professional team that is focused on supporting a child with autism at risk of exclusion. Participation, as Wenger (1998) describes relates to the formation and reorganisation of one's identity during the social interactions within a group. My study shows that within a multi-professional team, there is an emphasis placed on managing tensions through dialogue (e.g. validating and challenging), while formulating a plan that is focused around the goal of supporting the child. Rose and Norwich's (2014) claim that alluding to the goal helps alleviate tension or resolve dilemmas through a shared alignment of knowledge. My findings support such a claim, suggesting that it is through revisiting the goal of supporting the child that relational agency within multi-

professional teams is maintained. Therefore, by alluding to a shared goal a professional is not only directing the dialogue but reiterating the common alignment of the group.

The macro level processes that professionals undertake when collectively making decisions related to the topics they discuss as part of the collaborative process. These topics are broad and include the child's story, i.e. their strengths, experiences, their views and interests, the labels of autism, the family life, previous professional involvement. Each of these topics will be discussed concerning the child's experiences or understanding of them; how they manifest currently. Through this discussion, professionals can generate an understanding of the 'problem' and circumstances and decide on shared goals. However, tension can arise when the capacity of the multi-professional group is compromised, as Rose and Norwich (2014) describe. Professionals resolve this tension by exploring other professional capacities to agree on an alternative process.

### **8.2.3 Collaborative roles**

Within the process of multi-professional working, there appear to be two broadly notable roles occurring at any given time. My finding of the social roles of the 'director' and the 'specialist' is different from previous research as it outlines the interactive positions broadly taken by professionals within collaborative working. Such a finding highlights how one's professional approach impacts how they will interact with other professionals when collaborating.

Jansson and Parding (2011) describe how generic roles provide auxiliary support to specialist roles. My findings differ in that they suggest generic roles play a crucial part in co-ordinating specialists. Such knowledge expands on Jansson and Parding's (2011) description. Professionals will have different levels of responsibility in deciding upon an intervention that is to be offered to the child. The specialist role has a duty to act within their competency framework, whereas the director role has a responsibility to ensure the intervention addresses every aspect of the child's presenting need.

### **8.3 Research question six: Decisions of multi-professional collaborative working.**

My findings suggest that the interventions offered to children with autism at risk of exclusion broadly fall into five categories:

- Review cycle of the provision
- Further assessment
- Support in the home
- Support in the school
- Therapeutic work with the child

#### **8.3.1 Support the child through others**

My findings regarding the development of interventions appear to be compatible with Myers and Johnson's (2007) research findings. They found that medical professionals emphasise supporting families to understand autistic traits. Such conclusions are consistent with my findings regarding supporting families through upskilling them. However, Myers and Johnson (2007) also consider strategies for reducing maladaptive behaviours, including the use of medication. My findings differ in this regard as participants advocated for behaviour change through developing the child's relationships and focusing on the strengths the child may have. Such comparisons in approach may be reflective of the domains of knowledge that exist between health and school-based professionals. Between these two communities are various ways of understanding problems which may affect subsequent approaches to intervention development.

Kern and Aldridge (2006), and Schuller, et al, (2013) discuss peer-mediated interventions with children who have autism as an intervention to promote independence skills and socialisation. My findings differ slightly; participants emphasised developing relationships within the family, as opposed to peer-mediated relationships. The reason for such a finding could be that the context of the vignette encouraged professionals to discuss in greater depth the child's familial relationships over their peer relationships, although both were considered.



Potvin, Prelock and Savard (2018) suggest that family driven goals that are mediated through a professional will encourage meaningful participation in everyday life by young people with autism. My findings go further in suggesting that interventions developed by family, school staff and support professionals have the benefit of being implemented and supported both at home and in the school setting.

### **8.3.2 Strength based strategies**

My finding of strength-based interventions is compatible with Gander, Proyer, Ruch and Wyss (2013). Their study suggests that interventions with a focus on the positive aspects of an individual's character will support their mental health. Similar findings are indicated by my research, through supporting a child's mental health, there is a belief they will become more able to cope with mainstream educational environments.

## **Chapter nine: Overall discussion**

This chapter is structured to illustrate the salient points that develop the theoretical understanding of multi-professional collaborative models. I discuss the social processes involved in multi-professional collaborative decision making, including how tensions and dilemmas are resolved. Finally, I address how external factors such as commissioner directives influence the Scope of Practice of professional roles.

### **9.1 Managing to work together**

Much research has addressed the nature of collaborative working and the dynamics that occur within and between organisations (Wenger, 1998; Engeström, 1999; Huxham & Vaughan, 2005). These theories tend to focus on the cognitive experiences of individuals rather than their behavioural interactions. The unique contribution my research makes to the broader literature is that it identifies the interpersonal interactions that occur within multi-professional collaborations. However, the transferability of such findings across multi-professional teams is contestable, as there appears to be a need for a relational agency (Edwards, 2007), which may not always be achievable as fundamentally shared values are required (Frost, et al, 2007).

#### **9.1.1 Leadership as the foundation to teamwork**

Jung and Sosik (2002) suggest that leadership which aims to empower others promotes collective efficacy. My study supports such a claim as there appears to be a balance between developing a shared identity and knowledge that promotes the collective competency of the group. However, the development of a relational agency is partially dependent on how individual professionals view their role or status (Rose, 2011). My findings suggested that when a professional of status is viewed as uncooperative, collaborative processes are limited. Equally, when a professional views themselves as lesser in status to another, they opt to take direction from others.

#### **9.1.2 Forming relatable teams**

Borgogni, et al, (2009) found that employees identify more with their work groups than their respective organisations. My research supports this claim as discussion groups showed a belief in their group capacity through joint working approaches. The arrival at such outcomes was achieved through a discussion

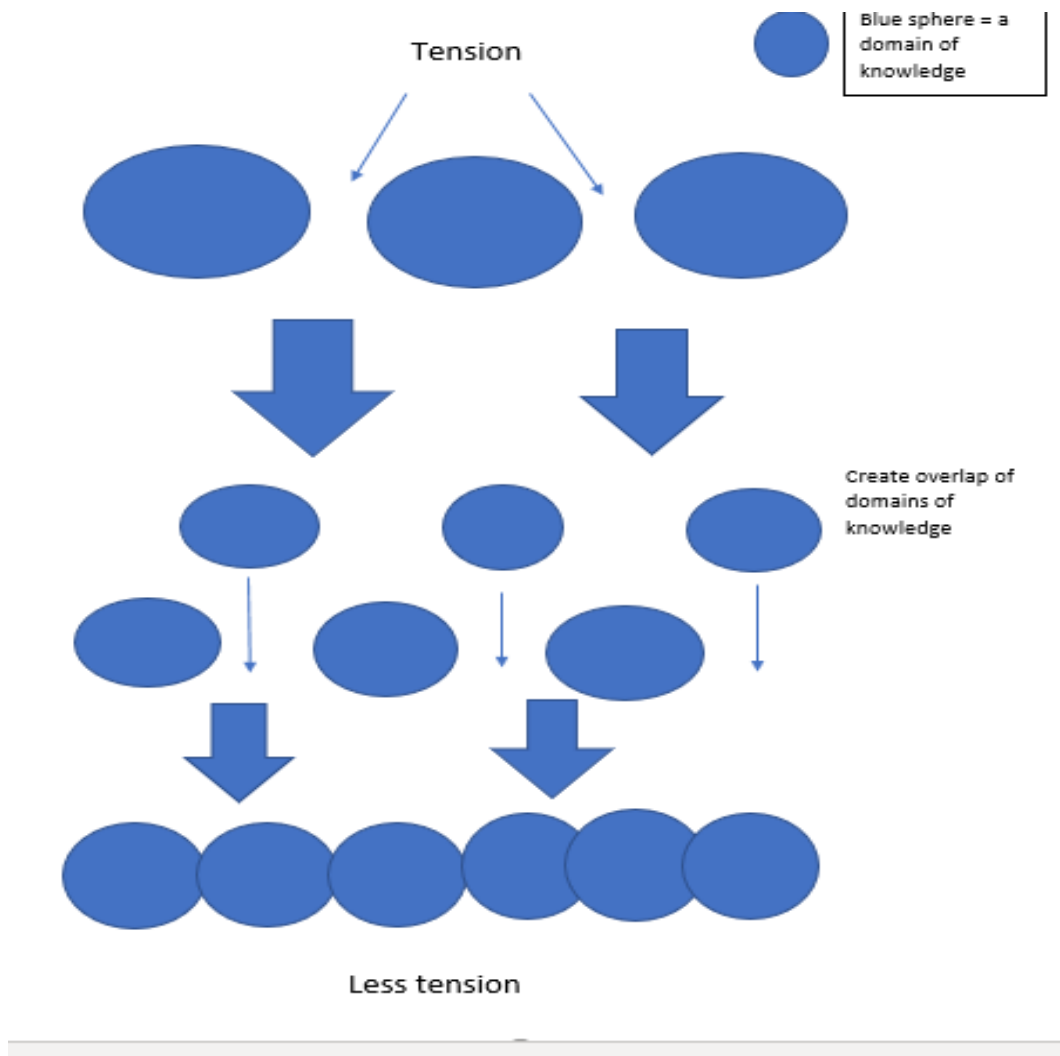
of shared goals and values, e.g. 'support the child' creating a relational agency (Edwards, 2007). Such strategies were used to overcome the limitations of commissioner directives. Therefore, demonstrating that organisational constrictions on individual professional roles can be mediated through the collective capacity of multi-professional teams. Furthermore, professionals are showing resistance to compromise on their value systems due to changing organisational contexts. Professionals continue to act within their occupational value systems, albeit through other professionals.

The findings of my research are in line with research on Organisational Role Analysis (Reed & Bazalgette, 2001). Such research highlights that a person's role is dynamic and constantly in a state of flux depending on the context. This is apparent within the current study as professionals within the discussion groups acted in unison towards a shared goal based upon shared values, demonstrating that professionals adapt and shape their role depending on their context.

### **9.1.3 Sharing knowledge**

A Communities of Practice framework (Wenger, 1998) suggests that through continued exposure to other professionals, a shared identity will develop. Jansson and Parding (2011) suggest, that through continued exposure professional roles will become more generic. However, such an interpretation does not explain why the social workers within Frost, et al's, (2007) study continued to experience tension with their probation worker colleagues despite being familiar with one another. I suggest that alignment of identities can only occur when available domains of knowledge overlap around a shared goal, value or interest, creating a common knowledge (Edwards, 2011). In the context of my research, that interest is developing an intervention for a child with autism. In Frost, et al's, (2007) study there may not have been a shared interest as the different professionals held different domains of knowledge, values and agendas. Additionally, such an interpretation partly explains why educational professionals experience frustration with health professionals, i.e. differing agendas.

**Figure 9.1:** *Overlapping domains of knowledge result in reduced perceived tension.*



**Figure 9.1:** The diagram demonstrates that tension can exist when there are gaps in the knowledge between professionals. Self-categorisation theory (Haslam, 2001) suggests that to reduce the tension such differences in understanding need to be filled in with professionals who are able to straddle various domains of knowledge, the ensuing discourse creates a shared language, meaning that every professional present is able to access a common knowledge (but not a specialised in-depth knowledge). Such an ability to communicate together allows for an alignment process to occur (Wenger, 1998), resulting in a shared identity.

I argue that a relational agency facilitates the collective decision-making ability of multi-professional teams. Such alignment in understanding allows

professionals to begin to identify with one another, through a shared language (Edwards, 2011; Wenger, 1998). Jointly accessing knowledge across professional groups results in shared artefacts whereby those within a multi-professional team engage in the processes of participation and reification unique to that Community of Practice, creating a shared identity, i.e. relational agency (Wenger, 1998). The results of such cross professional interactions give access to a greater depth of knowledge and competencies, resulting in a shared belief in the ability of the group (Bandura, 1997; Myers, Payment & Feltz, 2004).

The shared knowledge created within multi-professional teams is reminiscent of Reed and Bazalgette's (2001) discussions regarding 'organisation-in-the-mind' which relate to role boundaries, purposes, competence and accountability.

Through the sharing of knowledge in an accessible way, the person's organisation-in-the-mind becomes revised and broadens. Professionals become more receptive to the purpose and knowledge of other professional roles. As a result, the individual's Scope of Practice also changes based upon their multi-professional group interactions.

An example of how shared knowledge creates a shared language amongst professionals can be explored through the label of autism. Professionals within multi-professional teams appear to recognise the limitation labels can have when working collaboratively. Within phase one each professional group described the importance of 'knowing the child' to make meaningful contributions; advocating working alongside the child over a period, to gather an in-depth understanding of their needs and way of being. Labels were used as prompts to promote a shared language in the exploration of understanding the child. Thus, suggesting that the professionals who collaborate when supporting a child with autism agree with Algra Gray and Boyle's (2017) view that labels are limited in helping the child, i.e. there are more disadvantages to labelling than advantages. This shared knowledge can influence the type of decisions multi-professional teams arrive at; placing the implementation of interventions external to the child (except for therapeutic or direct work). Direct work with a child does not necessarily mean that professionals view the problem as within a child, but that the experiences of the child may have shaped their world view. Therefore, the problem lies in the child's experiences.

The common knowledge that the 'usefulness of labels is limited' created an artefact of culture that problems are external to the child and interventions should reflect this (Algraigray & Boyle, 2017). Collaborating professionals can anticipate the views and values of others and their subsequent interactions within the group reflects this (Edwards, 2011; Wenger, 1998).

The argument I have presented here outlines how multi-professional teams can come together and collaborate. My findings across both phases were in line with Walumbwa, Wang, Lawler and, Shi (2004); leadership that promotes collaboration facilitates a shared identity amongst multi-professional teams. A shared identity (or relational agency) allows the professionals involved to explore problems openly and generate solutions. Therefore, collaborative leadership empowers a multi-professional group (Jung & Sosik, 2002). Such facilitation of various perspectives and knowledge creates a dialogue where professionals will clarify each other's view that is shaped into a shared language and common knowledge. Through shared language, professionals can relate to one another, creating a shared identity that facilitates the perceived collective efficacy of the group. Such an interpretation aligns with Ware and Kitsantas' (2007) finding that the collaborative performance of a professional is rooted in the collective efficacy beliefs shared by the group. Once these foundations are in place, then multi-professional groups can access the Collective Commitment framework (Rose & Norwich, 2014) to resolve any tensions or dilemmas through alluding to the processes of competency or capacity (Bandura, 1997).

## **9.2 Impact of working in a neo-liberal context**

### **9.2.1 Maintaining professional values**

As neo-liberal principles become more ingrained within the professional practice of those supporting children with autism, there appears to be a tension, not only in what is practised but how professional values can become compromised (Harvey, 2005). My findings highlighted the emotional difficulty some professionals experienced in not being able to support children in settings where they were not commissioned to work. Such emotional experiences were felt to be an uncomfortable reality for these professionals, as it conflicted with their professional value system, i.e. that children with needs should receive support regardless of where they attend school. This example serves to

highlight the dissonance that can exist between professional values and the directive elements within a quasi-market (Jansson & Parding, 2011; Noordegraaf, 2016).

Multi-professional values can be discussed in the context of Jansson and Parding's (2011) writings, regarding the tension that professionals face when enacting their occupational values where there is a conflict with respective organisational values. Additionally, Noordegraaf (2015) suggests that hybrid professionalism may be a strategy that helps ensure the continuance of occupational values in neo-liberal contexts. My findings show that some professionals are aware of such possibilities. They describe a marrying of professional roles into organisational structures such as schools to encourage systemic change over time, that is in line with their value system. Such findings suggest a professionals Scope of Practice may become more orientated to encouraging organisational agendas to facilitate their occupational value systems.

### **9.2.3 Changing Scopes of Practice**

In light of such discrepancies in values systems, there appears to be a reconciliation on how professionals view their Scope of Practice. Professionals will attempt to make their services attractive to commissioners, to frequently work alongside them. Similar to the account provided by Matza (2012), where psychologists delivered services based upon commissioner directives; limiting the influence of their professional value system. Once a relationship is developed between the commissioner and professional, then professional values can influence the nature of the work commissioned. This description is in line with Noordegraaf's (2015) hybrid-professionalism account, where professionals will begin to embed themselves within organisational systems to promote change that is in line with their professional values.

The commissioning processes were also found to have a perceived impact on the organisational structures and procedures that facilitate job roles. Directives influence the Scope of Practice within a profession. Professionals described how they had to adapt their role in light of commissioning agenda's, budgetary constraints, management directives, and working within a competitive quasi-market. My findings build on the discussions of Jansson and Parding (2011)

who described the conflict professionals might experience between their professional role and their organisational role. Also, Noordegraaf (2015) discussed the emergence of hybrid-professionalism as a reaction to New Professional Managerialism and Matza's (2012) recollection of how professional behaviours can change depending on who commissions the service. My findings are consistent with such research as professionals described how their collaborative behaviours have changed due to a competitive quasi-market context resulting in a hierarchy of professional competencies.

### **9.2.3 Reflections**

The benefit of conducting research such as this is that it provides ample opportunities to reflect on the context and practice of the education psychology profession. It has allowed me to develop as a practitioner by appreciating theoretical and practical frameworks. It has also allowed me to reflect on the purpose and function of the local authority role and any potential changes that may strengthen such roles.

From my field notes and data analysis I noted that professionals often strive to work collaboratively. I have described in terms of organisational role analysis (Reed & Bazalgette, 2001), whereby professionals will act towards a shared goal and adapt their professional role to achieve this. I have used this knowledge within my own consultative approach. I often address challenging situations by establishing what the goal the multi-professional team is and then explore the potential capacity and competency of each professional in achieving such goals. I feel that this approach has allowed me to act more proficiently and confidently within the educational psychology role. I act as the mediator of the group providing a leadership role that provides other professionals with a sense of confidence in describing their role and exploring what they can contribute.

At the local authority level my findings provide insight into how multi-professional team may be organised when working to support a child with autism. I discuss in-depth the role commissioners have in shaping the educational landscape including the roles of different professional groups. The local authority has a reduced role in allocating services to individual schools given the neo-liberal context education currently finds itself must reshape and reorganise. One potential way to achieve this is to work closer with multi-



academy trusts and offer services that align with their values systems and interests. This may mean providing bespoke services that address the individual needs of children whilst simultaneously address key performance indicators that are of interest to schools. An example of such change could be the re-allocation of professional time to consult at the executive level rather than at the assessment level of the individual child. Such a radical change in organisation is likely to be met with resistance, as it may require the reorganisation of professional values. However, under a Communities of Practice framework, after alignment, local authorities will be in a position to aid in the reimagination of the practice of academy schools, e.g. promote universal measures that support children with autism and typically developed children.

The next section discusses my overall conclusions on my research I have conducted over the two phases.

## **Chapter ten: Conclusion**

The findings reported in phase one and two add to the knowledge base of multi-professional collaborative working when developing an intervention for a child with autism, who is at risk of exclusion. These findings demonstrate the factors that influence a professional's Scope of Practice and their subsequent approach to multi-professional collaborative working. They also build upon existing theoretical knowledge on collaborative working practices through theoretical frameworks (including Collective Preferences & Communities of Practice) and offer information regarding tensions and how to resolve them, e.g. validating other perspectives. Some of my findings may be applicable beyond developing interventions for autism, as many of the themes can be applied to multi-professional working relating to other Special Educational Needs labels. This chapter will summarise and link the findings from both papers. Consideration is also given to the implications of these findings to the broader literature, professional practice of educational psychologists, limitations of the research and future directions for further investigation.

My research set out to build upon the theoretical framework of Collective Preferences and illuminate the factors that may influence a professional's Scope of Practice. My findings identified how professionals begin to establish a Collective Preference through their ability to relate to one another. A substantial aspect of this is attributable to the overlapping of Communities of Practices across professional services (Wenger, 1998). It is through a Communities of Practice framework that professionals can engage with one another, align their thinking and interpretations regarding shared information, then collectively imagine possible outcomes for the child they are supporting. Thus, demonstrating the nature of professional relationships regarding effective decision-making strategies.

A key finding demonstrated that commissioning processes can influence the processes, procedures and actions that a professional is permitted to undertake. The influence of commissioning relates to how professionals conduct themselves with other professionals within a competitive quasi-market, the management procedures they are subjected to, the value system of the commissioners and their subsequent directives on professional services.

My research also identified some of the typical dilemmas and tensions that can arise within multi-professional work. The tensions found, relate to, power, using labels, professional roles and working with health professionals. The dilemmas that emerged from the data refer to working beyond one's Scope of practice, the capacity of professional groups, and managing the limitations of professional boundaries. Rose (2011) had similar findings, suggesting that the tensions and dilemmas are consistent within the collaborative working contexts of my research.

Professionals resolved tensions and dilemmas often related to the formation and capacity of the group, with some reference to the competency of professionals external to the multi-professional team. Such findings are consistent with Rose and Norwich (2014) theoretical model of Collective Commitment. My research findings suggest that their theoretical model has real-world application. However, my findings were able to develop upon their theoretical model. My research illuminated the interactive behaviours that facilitate an understanding on how multi-professional teams can form a Community of Practice through developing a sense of relational agency and shared identity.

My findings combine to provide information that can further develop the practice of educational psychologists. These developments build on the theoretical framework of Rose and Norwich's Collective Commitment model (2014). The findings also provide information that allows educational psychologists to ensure that comprehensive strategies are in place when support children with autism, who are at risk of exclusion.

## **10.1 Limitations and challenges of the research**

### **10.1.1 Recruitment**

The main challenge I experienced in completing my research was recruiting speech and language therapists. I describe this in detail within the methodology section. Given this group was challenging to recruit despite their sufficient numbers compared to other professional groups, may be a reflection on the respective Communities of Practices; my role as a trainee educational psychologist lies within an educational framework. A local authority commissions my role through the University of Exeter. Within the contexts of my

research, the NHS typically commissions the speech and language therapists, sometimes through a private organisation. Therefore, the opportunities to meet speech and language therapists are not abundant outside of multi-professional meetings.

The limited opportunities I had to interact with speech and language therapists meant I was less able to engage with their practices and begin to align our thoughts and knowledge. As Wenger (1998) and Edwards (1997) describe, it is through an appreciation for another's interpretation of events that alignment of understanding between professionals can occur, resulting in a relationship. By not being able to achieve an alignment with speech and language therapists, I experienced difficulty in engaging them on the importance of my research.

Other important factors to consider in the challenges I experienced in recruiting speech and language therapists relate to how they are organised. My research identified that health commissioners have different priorities to those within education. Therefore, it was challenging for speech and language therapists to find available time to complete the research, as their priorities lay within direct therapeutic work. Furthermore, they may be less autonomous in organising their time, relying on a manager to release them to participate.

### **10.2.2 Parental and child views**

Although in phase two, I strived to replicate a 'real-world' multi-professional collaborative team meeting, I was limited by some ethical considerations. It was not ethical to have a parent participate, as it would mean they would have to share their story several times, and it is unlikely their participation would be consistent within each discussion group. Furthermore, the scenario was contrived. Professionals were aware that the decision they made had no implications beyond the research. Therefore, it is possible they adapted their behaviour despite efforts from myself to control for this.

Upon review of the data, I realised that the professionals made decisions, in part, based upon the views of the child and their parents. Future research would benefit from including the child and parents' views within the vignette, as it would provide the professionals with another meaningful dimension by which to make their decisions. One possible measure that may facilitate this is by

including one-page profiles that outline the views of the parent and child for the professionals to consider.

### **10.2.3 Political considerations**

The data demonstrated the impact of economic factors such as commissioning. My study indicated that the influence of commissioners on a professional's Scope of Practice is in line with Friedson's (2001) discussions on professionalism, that economic and political factors will impact on the nature of professionalism. Within my interview schedule (for phase one) I included the impact that statutory duties and governing bodies may have on professional practice. However, upon reflection, I believe the interview schedule would have benefitted having a specific question regarding the impact legislation may have on professionals understanding of their Scope of Practice. Such a question would provide a more comprehensive understanding on how economic and political factors influence a professionals Scope of Practice and subsequent behaviours within multi-professional teams.

## **10.2 Implications for educational psychology practice**

My findings have many implications that can be incorporated into the practices of educational psychologists when working collaboratively with other professionals.

### **10.2.1 Outcomes framework**

The breadth of interventions were identified as a finding of the research within phase two, i.e. home and school support, regular reviews of interventions, therapeutic and direct work with the child. These can be used as an 'outcomes' framework for multi-professional teams to use as a measure to ensure that interventions for students with autism, at risk of exclusion, are comprehensive.

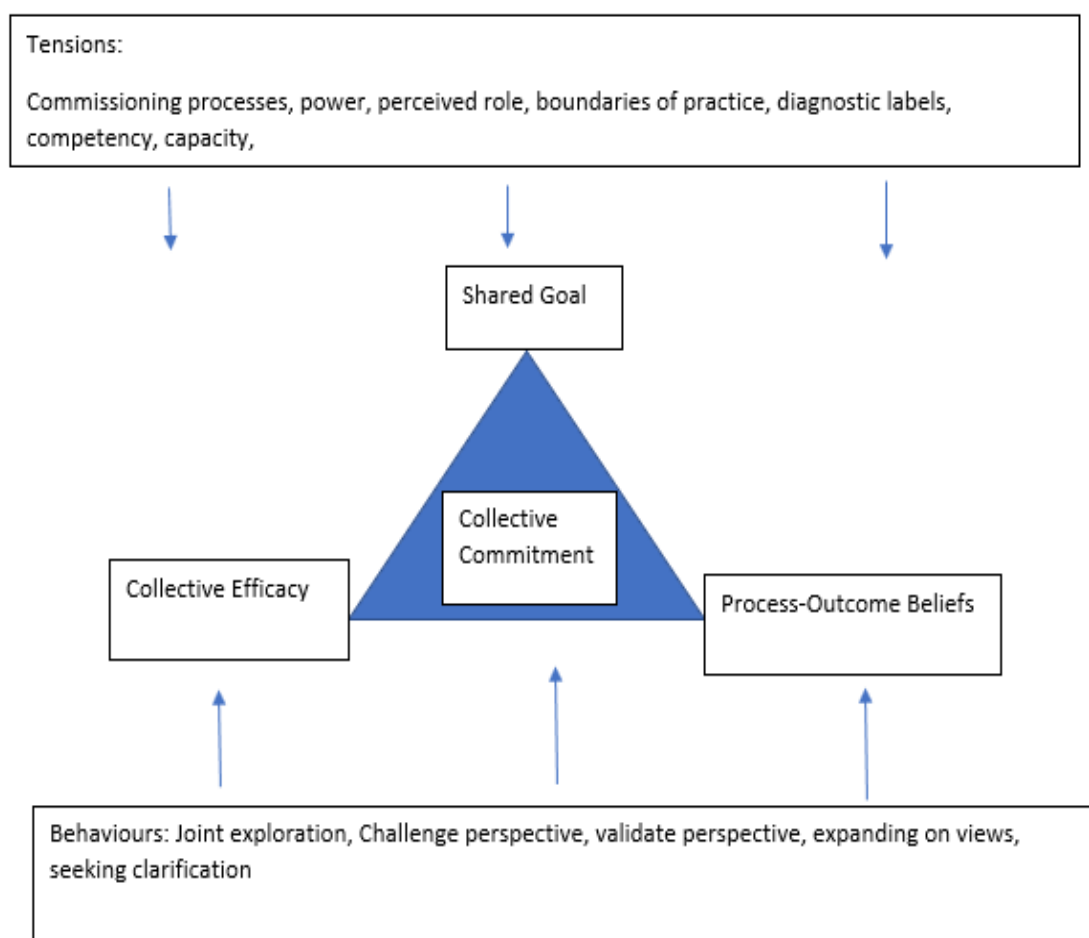
Further to an 'outcomes' framework, the research identified possible tensions that can arise as part of multi-professional meetings. Strategies to navigate and resolve tension were also identified (such as validating and challenging viewpoints). These can be incorporated into the training and continue the professional development of educational psychologists to incorporate within their practice. Such strategies are likely to allow them to effectively navigate

meetings where tensions and dilemmas result in challenges of making collective decisions.

### 10.2.2 A collaborative working model

My findings also highlight the collaborative processes by which professionals will arrive at a decision. Much of this is in line with Rose and Norwich's (2014) writings on Collective Commitment. However, as my research moved beyond theoretical principles into real-world strategies, the stages of forming a team and collaborative behaviours were identified and can be applied for future use. Such processes can contribute to the model posed by Rose and Norwich (2014). As shown below:

**Figure 10.1:** *Model of Collective Commitment (adapted from Rose & Norwich, 2014) along with the tensions and behaviours that are associated with collaborative working.*



**Figure 10.1:** The model presented here illustrates the tensions that can be present when collaborating as part of a multi-professional team. It also

highlights the interactive behaviours that can be incorporated into the Collective Commitment model (Rose & Norwich, 2014) when navigating and resolving such tensions.

Within my research, these behaviours proved to be important in the maintenance of relational agency or alignment amongst the collaborating professionals. As multi-professional teams are composed of professionals from different Communities of Practices, it appears that regular reminders of shared knowledge, such as shared goals, are required to maintain a relational agency. Educational psychologists can incorporate such practices through the model above; improving the likelihood of establishing and maintaining Collective Preferences when supporting children with autism.

### **10.2.3 Bridge the knowledge gap between education and health professionals**

My research also demonstrated across both phases that professionals are aware of the varying perspectives and values between professions. Such awareness was most notable when discussing medical professionals. Such differences in values and perspectives can create barriers when attempting to collaborate with professionals from the health service. Kelly, et al, (2018) found that such professionals appreciate a clear formulation of a problem and my research supports this claim from a school-based perspective. The holistic approach of educational psychologists means they are well placed to conduct assessment work that formulates a problem that a child with autism may be experiencing. Through such formulation, educational psychologists are acting as facilitators in developing clear roles for the involvement of health professionals. Thus, broadening the capacity of any multi-professional team that may be created. Such an approach would also result in more interactions between education and health professionals, promoting shared knowledge and relational agency between the two professional communities.

### **10.2.4 Working with commissioners to maintain professional values**

Throughout this thesis, I have discussed the factors that can impact on a professional's Scope of Practice. The role of commissioners was found to influence this in a variety of ways. The tensions that professionals experience as a result of such processes are reminiscent of Jansson and Parding's (2011)

discussions about the value conflicts that can exist between occupational and organisational value systems. One possible approach that may place more control of educational psychology's Scope of Practice with educational psychologists themselves is hybrid professionalism (Noordegraaf (2015; 2016). This term is the incorporating of professionals into the organisational structures of organisations that are subject to quasi-markets. Such integration is already occurring in some organisations across the United Kingdom, where educational psychologists are situated in key decision-making roles. Through this approach, educational psychologists are more able to advocate for their professional values within a quasi-market context.

Educational psychologists must also consider their role within a quasi-market where school services are increasingly traded (Lee & Wood, 2017). My research found that SENCOs appreciate the logistical and emotional support that accompanies multi-professional work. Therefore, educational psychology practice may need to place a greater emphasis on supporting staff within a school as opposed to working directly with children. Although I recognise that educational psychologists currently work to support school staff, it is the possible change in emphasis that I wish to highlight. By adhering to what SENCOs and school staff value, educational psychology services stand a greater chance in securing their commission within a quasi-market.

#### **10.2.5 Working in a changing educational landscape**

The educational landscape has observed many changes and the profession of educational psychology needs to respond to such changes. A key change in recent years is the movement towards academies and multi-academy trusts (Ehren & Godfrey, 2017). A notable change within these emerging systems is the presence of an executive headteacher who may oversee the progress of several schools, with the headteacher of each school acting as their deputy. Such organisational structures have the potential to create new tensions, roles and procedures. For an educational psychologist to deliver the full potential of their role, they need to work closely with the executive headteacher. My findings highlighted the importance of integrating the values of educational psychology within school systems. With new systems (multi-academy trusts) comes new



ways of working, such as schools having increasing control over what they teach and how they allocate funds (Ehren & Godfrey, 2017). The challenge for educational psychology services is how to organise themselves to influence change at the executive level of multi-academy trusts rather than at individual school levels. This may require greater collaboration between educational psychologists who work within such trusts or dedicated psychological teams that support the executive level of such trusts.

### **10.3 Further research**

There is seemingly vast potential in future research which explores the interactions between collaborating professionals, how they relate to one another across knowledge domains, and how they collectively navigate complex problems. Further research can address the relationship between professionals and commissioners in making decisions and influencing each other's Scope of Practice.

#### **10.3.1 Support collaboration between health and education communities**

The role Communities of Practice plays in multi-professional teams was highlighted throughout my findings. Further research into this area is likely to prove beneficial to the further understanding of inter-professional collaborative processes. The speech and language therapist group expressed a desire for joint commissioning between educational and health professions. Research that addresses how educational and health professionals view their Scope of Practices may illuminate discrepancies between the two communities. From such information, measures can be taken to develop effective collaborative processes that ultimately benefit the child they are supporting.

#### **10.3.2 Ethnographic approach**

Throughout this research, I have discussed the impact professional Communities of Practices (Wenger, 1998) can have on the identity and collaborative practices of professionals. Ethnographic research has the potential to investigate each of the research participant groups in-depth to identify the impact of cultural processes of participation and reification within a collaborative context. Furthermore, such research has the potential to identify the artefacts within multi-professional collaborative working. Such investigations have the

potential to build on my discussions regarding how professionals identify with one another and share knowledge.

### **10.3.3 Further analysis**

Future directions for research may take a different analytical approach. My findings demonstrated the importance of behavioural interactions between professionals in the development of a relational agency. Therefore, a conversational analysis or discourse analysis of the data may provide further insight into the meaning behind such behaviours. Additionally, research that addresses each of these behaviours in isolation may provide useful information on their uses within collaborative working procedures.

### **10.3.4 The potential role of overlapping knowledge domains.**

In the overall discussion section, I suggest that professionals with increased overlapping domains of knowledge are likely to experience less tension than those with looser boundaries. Further research that investigates the impact of knowledge domains on collaborative processes would provide valuable insight into what professionals ought to be included within multi-professional teams. If my suggestion is found to be reliable then the knowledge discourse of collaboration supporting children with autism moves from which essential professionals are to be present, to that of which professionals can best facilitate a common knowledge that best supports the child.

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## Appendices

### Appendix A: Themes and sub-themes from phase one

Sub-sub themes are highlighted using bullet points.

CIT = Communication and interaction team

SLT = Speech and language Therapist

EP = Educational psychology

SENCo = Special educational needs co-ordinator

Table 5: *Themes and sub-themes of phase one with example quotes*

Theme	Sub-theme	Example quotes
Different professional perspectives	<p>Holistic approach</p> <ul style="list-style-type: none"><li>• Triangulation</li><li>• Engagement with discussion</li></ul> <p>New understandings</p> <p>Different professional backgrounds</p>	<p>“He has the best interests of the child, she gets to know the parents, she gets to know the child, gets to know us, gets to know the whole picture, visits them in school, observes them in school, works with the child.” – <i>SENCo group</i></p> <p>“It is having a really holistic look at the child as a teacher, you look at it from one point of view, as a SENCo slightly wider, somebody from the communication and interaction team will see other things and the educational psychologist might see other things and whoever else is involved as well.” – <i>SENCo group</i></p> <p>“I am always trying to get the balance between the big picture and the detail because you can go far</p>

		<p>too far in either direction, if you go So far the big picture direction at great you have an overall understanding but okay on Monday morning what are we going to do?” – <i>EP group</i></p> <p>“All the professionals are open enough to sit around the table and say well I haven’t thought about it like that before.” – <i>CIT group</i></p>
Co-ordination and documentation	<p>Collaboration</p> <p>Clarity of role</p> <p>Clarity of process</p>	<p>“So, the documentation side of it is making sure that everyone is very clear on what their role is by what date they will be able to achieve that.” – <i>CIT group</i></p>
Other professionals as support for the SENCo	<p>Feedback</p> <p>Reassurance</p> <p>Clear direction/ process</p> <p>Validation</p> <p>Logistical support valued</p>	<p>“You know my staff just want someone to say you’re doing a great job, try tweaking it this way or this way and it actually works.”- <i>SENCo group</i></p> <p>“Someone who is really supportive of you sometimes, so you’re doing your absolute best and you tell them everything you have done, and they say that is great, you have done everything you can.” – <i>SENCo group</i></p>

Co-ordinating roles	<p>Logistical tasks</p> <p>Educational psychologists influence direction of discourse</p> <p>SENCo is point of communication</p>	<p>“You know it is all those mediation skills that we can and you know can we have and can we go back to that so it is trying to influence the meeting and us holding in mind that bigger picture and that bigger picture still needs to be explored.” – <i>EP group</i></p> <p>“If you can actually get multi-agency working effectively operating then actually you would reduce the amount of time because there would be shared roles.” – <i>SLT group</i></p> <p>“For people like us who co-ordinate, trying to co-ordinate that support, we carry so much.” – <i>SENCo Group</i></p>
<p>Professionals having a generalist or specialist</p> <p>Scope of Practice</p>	<p>Specialist knowledge</p> <p>Domains of knowledge</p> <p>Application of practice</p> <p>General practitioner</p> <p>Specialist practitioner</p>	<p>“And I feel of all the professionals on the planet, the people who can absolutely identify that it is a language disorder is the speech and language therapist.” -<i>SLT group</i></p> <p>“Actually, I think a part of the danger of the profession is that we think we can do it all. And I think that comes out very significantly when we talk about intervention.” – <i>EP group</i></p>

Shared identity	<p>Assimilate practice</p> <p>Assimilate knowledge</p> <p>Shared experiences</p> <p>Broader roles when collaborating</p> <p>Shared language</p>	<p>“They begin to imitate the ways that we do work, and you see that actually they are becoming quite psychological in the way they think and the way they use.” -<i>EP group</i></p> <p>“The positive bit, is that you have already kind of already done your storming, forming, norming bit by you know that stage when you have worked with people for quite some time. You almost become more alike.” - <i>CIT group</i></p>
Commissioning	<p>Directives change</p> <p>role boundaries</p> <ul style="list-style-type: none"> <li>• Service delivery</li> <li>• Behaviour of Management</li> </ul> <p>Professional values change/compromised</p> <p>Competition</p> <p>Rationed services</p>	<p>“it’s the money, the funding.” -<i>SLT group</i></p> <p>“So historically, we worked in quite a preventive way with lots of training, then the commissioners decided that a more specialist approach was the way they wanted to go so people are being referred in, completing some work and then closing them. And now we are moving back towards more preventative, universal training type services.” – <i>SLT group</i></p> <p>“We are talking at the moment within the profession about the increased marketisation within</p>



		education and how uncomfortable and immoral that feels. When you're in a multidisciplinary room and you know your organisation needs to attract continued buy in, you're going to want to look like top dog in that room." - <i>EP group</i>
Knowing the child	<p>Professionals advocate for the child</p> <p>Work alongside the child</p> <p>Meaningful contributions to the collaborative process</p> <p>Child's strength's</p> <p>Child's narrative</p> <p>Looking beyond a diagnosis</p> <p>Child's behaviour</p>	<p>"Rather than him coming in and supporting with what can be kind of technical jargon, try this, try A, B, C. It was more I know this boy he doesn't react to, don't do this, it was more personal, not just kind of listing off what their professional knowledge is."- <i>SENCo group</i></p> <p>"We actually know this little boy or girl quite well and we have seen them in lots of different settings." – <i>SLT group</i></p>
SENCo as 'The Problem Holder'	<p>Enact advice</p> <p>Negotiate with teachers</p> <p>Child Safety</p> <p>Work directly with families</p> <p>Work with the child</p> <p>Including children with autism</p> <p>Managing staff</p> <p>Emotional burden</p>	<p>"It's going back to your staff. For people like us who co-ordinate, trying to co-ordinate that support, we carry so much." – <i>SENCo group</i></p>

	Feeling isolated	
Power and control	<p>Status can inhibit collaboration</p> <p>Appeasing authority figures</p> <p>Perceptions of power</p> <p>Uses of power</p> <p>Power facilitates collaboration</p>	<p>“Somebody comes across as being quite, sometimes you do get put down sometimes, occasionally. I have been put down in meetings.” - <i>CIT group</i></p> <p>“And I don’t think that EPs are aware that they are being prioritised over the speech and language therapist.” - <i>SLT group</i></p>
Usefulness of labels	<p>Exploring the context</p> <p>Autism label facilitates exploration</p> <p>Labels interfere with the accuracy of need</p> <p>Labels are not valid</p>	<p>“I guess, the validity of the diagnosis. It doesn't get questioned it doesn't get questioned.” – <i>EP group</i></p> <p>“For me it is his mental health. He is clearly on the autism spectrum.” – <i>SENCo group</i></p>

Conflict between identity and role	<p>Perceptions of role</p> <p>Shared experiences</p> <p>Professional identity not understood by others</p> <p>Domains of competency</p> <p>Desired role</p> <p>Perceptions of competencies</p>	<p>I found this recently with advisory teachers is that they over-identify with the teacher and they lose sight of the child's needs need to be met, because they have come from the teaching profession and they still over identify with that role and therefore see that there are barriers for the teachers in implementing things and want to protect those teachers, rather than focus on the child." – <i>EP group</i></p>
Working with health professionals	<p>Different agendas</p> <p>Limited capacity of health professionals</p> <p>Unbalanced responsibility in roles</p>	<p>"Everybody knows the medical hole is huge and we are more aware of it and we see it more and most of our children are complex, but we are grabbing at straws for anything out there." - <i>SENCo group</i></p> <p>"When almost as a signature now when at the bottom of the letter from health, it says we suggest you get the involvement of CIT, when it, we might as members of CIT we say why? there is not an outcome that is there, but they do it almost as a blanket, well go and get CIT involved." – <i>CIT group</i></p>

## Appendix B: Themes and sub-themes relating to phase two.

CIT = Communication and interaction team

SLT = Speech and language Therapist

EP = Educational psychology

SENCo = Special educational needs co-ordinator

Table 6: *Themes and sub-themes of phase two with example quotes*

Themes	Sub-themes	Example quotes
Working with health professionals	Delayed support Limited capacity Rely on within group capacity	“So, I wouldn’t necessarily say an outward referral to the NHS but if I am positioned within the school and I can offer that support.” - <i>SLT</i>  “SLT: would you put in place that other stuff and see if that reduced, or go straight for it? EP: CAMHS takes so long to get an appointment. SLT: go straight for it.”
Discussions beyond one’s professional expertise	Professional knowledge Expertise Domains of knowledge Previous experience Rely on others	“SENCO: and all that, when he keeps getting out of his seat, he might just need some really explicit... SLT: to tell him how SENCO: this is what you can do? SLT: yeah, or I need help cards or any resources there is loads. It is how to explain what is expected. Social story around that.”

Commissioning limiting professional capacity	<p>Boundaries of professional role</p> <p>Capacity to deliver role</p> <p>Commissioner directives</p> <p>Cross boundary working</p> <p>Boundaries of specialists</p> <p>Boundaries of generic practitioners</p>	<p>"CIT: we are school based, not family workers.</p> <p>SLT: right.</p> <p>SENCO: yeah</p> <p>SLT: does that matter</p> <p>SENCO: it is just the way that they are commissioned</p> <p>CIT: I mean we do meet with parents.</p> <p>SLT...to support the child.</p> <p>CIT but we don't actually work in the home."</p> <p>EP: So, do you think that is a family support worker, PSA alongside CIT to think how to adapt those.</p>
Professional interactions	<p>Joint exploration of topics</p> <p>Challenge</p> <p>Validate a viewpoint</p> <p>Clarification and expansion on topics</p>	<p>"SENCO: maybe do a bit of scaling, where he is, and he can indicate really quickly and so everybody knows and can just guide him for.</p> <p>CIT: and that would link in with the sensory idea as well, does he get that scaled do I need a sensory break?</p> <p>SENCO: So, he is in an English lesson and they are in a group and things are getting to him and he can't express how he is feeling. Could be he has got a quite quick way of showing how he is feeling and can have a quick brain break."</p>

Explore the child's story	<p>Child's identity</p> <p>Child's narrative</p> <p>Child's strengths</p> <p>Child's views</p> <p>Parental views</p>	<p>SLT: A question that comes to mind is, is this child trying to find out who he is?</p> <p>EP: In terms of his family?</p>
Explore the wider context	<p>Hypothesise about the child's circumstances</p> <p>Explore previous professional involvement</p> <p>Autism as a label</p>	<p>CIT: I think some further information is needed there is a lot of information here but unless I have missed it, we don't know how long he has been in the UK for and we don't know what the wider support network is. Whether there is any other family etc.</p> <p>EP: His mum moved from Madrid upon meeting father who served in The Navy, who is based mainly in <i>local area</i>, so I think he is...</p> <p>CIT: So, are we assuming that English is his first language or second language? Is that an added difficulty? We don't know that.</p>
Establishing processes and goals	<p>Shared goals</p> <p>Shared understanding of the problem</p> <p>Collective agreement</p> <p>Shared discourse</p> <p>Shared language</p>	<p>"CIT: we mentioned around Education and Health Care Plan as well, if this went to panel it would be thrown out straight away. There is no evidence of anything that has been tried."</p> <p>"SENCo: Then he had a person-centred planning meeting where he was at the centre of it, he and the team, he put up upon the walls all the positives so he could get some positive feedback.</p>

		EP: absolutely.”
Overcoming barriers to collaborative working	Joint working Exploring capacity Upskilling others	<p>“CIT: I would suggest also that there is a role there for the communication and interaction team to sit with the school team around him the teacher, the TA, anybody around him. To just look at the systems and strategies that are in place throughout his day.</p> <p>EP: I have often found that when the EP and CIT work together in that kind of environment, it works really well doesn't it? (Laughter).</p> <p>SLT: Also from my background, as an embedded SLT working in schools I am, yeah you know as I work, if there is a regular SLT in the school as well, then by having that regular contact, am, you have got the CIT working with him. “</p>
Roles during collaboration	Specialist role Director role	<p>“CIT: I probably wouldn't see him initially at this stage I wouldn't see him at all, it would be the team around him. What I would be hoping to happen, would be the teacher, the TA, any other key adults that are involved in working with him, the SENCO, ideally as well of course.”</p>

		<p>"CIT yeah there needs to be sometime, for somebody to build that relationship, to teeth out that information, put together a learning profile.</p> <p>SENCO: CAMHS or learning mentor."</p>
Review cycles	<p>Shared responsibility</p> <p>Triangulation</p> <p>Shared processes</p> <p>Shared discourse</p>	<p>"EP: Yeah, we have got to be on those social factors and the questions we have where something can work. We are probably looking at some kind of EHAT process (Early Help Assessment Tool)."</p> <p>"EP: and you mentioned of that being almost too much for him, that overload. So hopefully if we are meeting regularly, we can discuss at the review to determine that, but that exploration of who he is and how he sees himself. It is the first short step."</p>
Further assessment	<p>Joint working</p> <p>Clarity of need</p> <p>Information gathering</p>	<p>"SLT: Does that need to go on his emotional side of things to sort.</p> <p>SENCO: yeah because what we haven't talked about here which is hard in real life si when we involve CAMHS. Because there is that worry around his mood, but there is probably the educational psychologist who could give that advice we would need to have at this stage. He</p>



		<p>is not at risk if he is sort of low mood but comes out of it.”</p> <p>“EP: And I wonder as part of that unpicking, what I have done in the past is, you and I have home visited in the past, I have home visited with SENCO’s in the past, that might need to be something that needs to be done, just to get a sense of what it is like at home and what kind of struggles is mum facing with those children.”</p>
Support in the home and school	Upskill parents Upskill school staff Co-ordinated support	<p>“SENCo: the school ones can be remedied by you know getting the key adult getting to know what works in the classroom.</p> <p>CIT: In terms of understanding, you can’t understand actually. You need to think, but one supports the other doesn’t it really?</p> <p>SENCo: We need to get on the same page, what works at home we will use and what works in school mum will use at home.”</p>

Developing the child's relationships	Mental health needs Strength based interventions Held in positive regard Positive experiences	“SLT: So I am thinking about his well-being as well, this sort of love-hate relationship described at home, am, is he, where are his positive relationships as well. Obviously, his mum is their caregiver, but friends at home, friends at school, yeah.”
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## Appendix C: Certificate of Ethical Approval



GRADUATE SCHOOL OF EDUCATION

St Luke's Campus  
Heavitree Road  
Exeter UK EX1 2LU

<http://socialsciences.exeter.ac.uk/education/>

### CERTIFICATE OF ETHICAL APPROVAL

Title of Project: 'An exploration on the use of Collective Preferences when making joint decisions as part of multi-professional team working that is supporting children with autism, who are risk of being excluded.'

Researcher(s) name: Adam McCartney

Supervisor(s): Shirley Larkin & Will Shield

This project has been approved for the period

From: 25/07/2018

To: 30/08/2019

Ethics Committee approval reference: D/17/18/58

Signature:

A handwritten signature in black ink, appearing to read 'Justin Dillon'.

Date: 25/7/18

(Professor Justin Dillon, Professor of Science and Environmental Education, Ethics Officer)

## **Appendix D: Developing the vignette**

### **Draft vignette**

Juan is a young boy aged 9 with a diagnosis of autism. His mother is originally from Madrid, Spain but moved to Plymouth upon meeting his father who served in the Navy and was based mainly at Plymouth. Juan's father died of natural causes when Juan was 4 years old. Prior to his death he worked as a security consultant for an Iranian diplomat, Juan only learnt of his father's military role in the past 10 months. Juan's mother struggles to find work as she has to care for their younger sibling, Juan's sister (aged 7), who has a serious medical condition that requires regular trips to Bristol for specialised treatment. Juan can struggle with the relationship he has with his sister. His mother describes it as a "love, hate" relationship. Juan may express his displeasure to his mother that she spends a lot of time with his sister over him. He will do this by screaming in her face (approx. 3 inches away) as loud as he can. Juan's mother has expressed to school that she tries to explain to him why she has to give his sister more attention on occasion but feels that he does not understand.

Juan's behaviours are becoming increasingly concerning for his mother and the school he attends. Recently it has been recorded that he has been looking up YouTube videos of military operations where soldiers seize buildings from occupying forces. He has also been threatening to shoot people in school and making 'bang' sounds as he points his hand at them in the shape of a gun. He also runs into classrooms shouting "Allahu akbar" and will push other students over as he runs through the classroom. It has also been noted that Juan uses twitter under a fake profile. He has been observed to respond to tweets concerning game developers and film. Most recently he tweeted a game developer calling him 'abnormal' and a 'prick.'

Juan also makes use of ear-defenders in class. A previous occupational therapist report and educational psychologist report suggest that Juan may experience sensory overload when working in a busy classroom and therefore he has the ear-defenders. Juan says that he has them to block out the sounds of all the "fake news believing idiots" in his class.

Another report from a special school outreach worker suggested that Juan struggles to work alongside his peers and can frustrate them through his rigid behaviours. They also noted that Juan will get out of his seat regularly to ask the teacher questions, when told that he cannot leave his seat he responded, "How else am I meant to get the answer!?"

The P.E. lead teacher noted that Juan runs awkwardly, he appears to tilt his chin up to the sky along with a head nod. Juan enjoys P.E. lessons, although he can struggle to understand the rules of team games. However, he is good at throwing the discus and shot-put. He will also stand very close to his teacher throughout the lesson and needs plenty of encouragement before he will join in with any activities with his peers.

Often during literacy classes Juan can often be found with his head in his hands. His class teacher believes that he struggles with the content of the subject. A recent educational psychologist report suggests that Juan struggles with some of the broad literacy key skills but recognised that he has a strong vocabulary. However, he can often use words incorrectly when communicating with others. Juan is more capable in maths lessons. He is able to recite all of his times tables and came out as performing a year above his chronological age in a recent psychometric assessment. His teachers note that his mood always lifts when he is taking part in a maths lesson. Juan also likes to sing and will often sing his times tables, he will also sing theme songs he has heard from television shows he watches like 'Teen Titans', 'Mike the Knight' and 'The Stinky and Dirty Show'. His class teacher thinks that Juan is able to learn more effectively through song.

There have also been notable concerns relating to Juan's mental health. School reports document that he can go through long periods where he will not talk and position himself on the floor of the classroom facing a blank wall. These periods of silence can last from a few hours to a few days. The reports also mention that Juan appears to be more responsive when there is a clear routine for the school day and when they include singing into their lessons.

## **Finalised vignette**

Juan is a young boy aged 9 with a diagnosis of autism. His mother is originally from Madrid, Spain but moved to Plymouth upon meeting his father who served in the Navy and was based mainly at Plymouth. Juan's father died of natural causes when Juan was 4 years old. Juan only learnt of his father's military role in the past 10 months. Juan's mother struggles to find work as she has to care for their younger sibling, Juan's sister (aged 7), who has a serious medical condition that requires regular trips to Bristol for specialised treatment. Juan can struggle with the relationship he has with his sister. His mother describes it as a "love, hate" relationship. Juan often expresses his displeasure to his mother that she spends a lot of time with his sister over him. He will do this by screaming in her face as loud as he can. Juan's mother has expressed to school that she tries to explain to him why she has to give his sister more attention on occasion but feels that he does not understand.

Juan's behaviours are becoming increasingly concerning for his mother and the school he attends. Recently it has been recorded that he has been looking up YouTube videos of military operations. He has also been threatening to shoot people in school and making 'bang' sounds as he points his hand at them in the shape of a gun. He also runs into classrooms shouting and will push other students over as he runs through the classroom. It has also been noted that Juan uses twitter under a fake profile. He has been observed to respond to tweets concerning game developers and film. Most recently he tweeted a game developer calling him 'abnormal' and a 'prick.'

A previous occupational therapist report and educational psychologist report suggest that Juan may experience sensory overload when working in a busy classroom and therefore he has ear-defenders. Juan says that he has them to block out the sounds of all the "fake news believing idiots" in his class.

Another report from a special school outreach worker suggested that Juan struggles to work alongside his peers and can frustrate them through his rigid behaviours. They also noted that Juan will get out of his seat regularly to ask the teacher questions, when told that he cannot leave his seat he responded, "How else am I meant to get the answer!?"

The P.E. lead teacher noted that Juan runs awkwardly, he appears to tilt his chin up to the sky along with a head nod. Juan enjoys P.E. lessons, although he can struggle to understand the rules of team games. However, he is good at throwing the discus and shot-put. He will also stand very close to his teacher throughout the lesson and needs plenty of encouragement before he will join in with any activities with his peers.

Often during literacy classes Juan can often be found with his head in his hands. His class teacher believes that he struggles with the content of the subject. A recent educational psychologist report suggests that Juan struggles with some of the broad literacy key skills but recognised that he has a strong vocabulary. However, he can often use words incorrectly when communicating with others. Juan is more capable in maths lessons. He is able to recite all of his times tables and came out as performing a year above his chronological age in a recent psychometric assessment. His teachers note that his mood always lifts when he is taking part in a maths lesson. Juan also likes to sing and will often sing his times tables, he will also sing theme songs he has heard from television shows he watches like 'Teen Titans', 'Mike the Knight' and 'The Stinky and Dirty Show'. His class teacher thinks that Juan is able to learn more effectively through song.

There have also been notable concerns relating to Juan's mental health. School reports document that he can go through long periods where he will not talk and position himself on the floor of the classroom facing a blank wall. These periods of silence can last from a few hours to a few days.

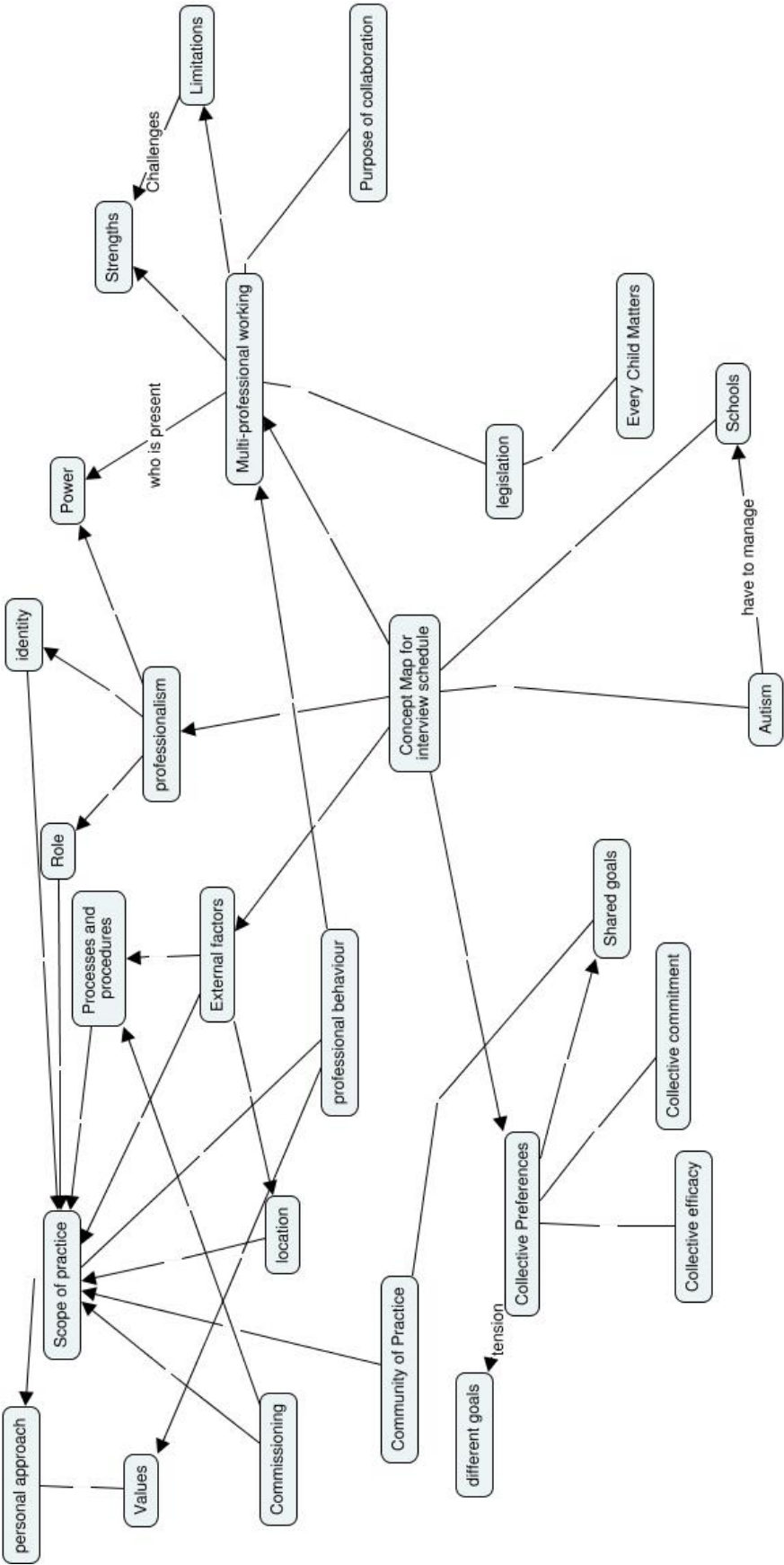
### **Vignette: Enabling points for greater discussion (researcher only)**

These bullet points are to act as prompt list for the researcher to provoke discussion if groups are struggling (or need more information for greater discussion) to engage with the vignette.

- Management structures
- Cross organisational structures and processes
- Wider contextual factors
- How complex is the case? Why is it complex?
- Who is going to do what?
- How will you review the case? Who should be there?
- How much time can you dedicate to the case?
- What type of intervention do you have the capacity to complete?
- What point are you striving to? (goal)
- Is this the same for each professional?
- What might the child want from the team?
- What might the family want?
- What might the school want?
- What might your line manager want?



Appendix E: Concept map for interview schedule for phase one



## Appendix F: Developing the interview schedule

### Draft Interview Schedule

How does your professional group perceive the purpose of multi-professional collaborative working when developing an intervention for a child with autism, who is at risk of exclusion?		
	Are there advantages to this way of working?	
	Are there any limitations?	
		What typically are the outcomes of multi-professional collaborative working for young people with autism
How do you understand your 'Scope of Practice' (or role) when working as part of a multi-professional team supporting a child with autism, at risk of exclusion?		
	What might affect your approach when working collaboratively?	

		Consider: Location, school, LA building, family home
		Who is present e.g. senco, educational psychologist etc.
		Status or power differences (perceived authority)
		Consider: statutory duties
		management
		Organisational structure
		Interorganisational structures
		Complexity of the case
		Clients
		Shareholders
		manager
		schools
		parents
		child
		Regulatory bodies
	How might these factors influence your behaviour? And why?	
How do other professional groups approach multi-professional collaborative working, when developing an intervention for a child		

with autism at risk of exclusion?		
	Can you give me an example?	
	Are these approaches similar to your 'Scope of Practice'?	
	Do they differ?	
		How do they differ?
	How does it feel when you work with someone who has a different 'Scope of Practice'?	
		Do these differences ever result in tension or conflict?
		can you describe that?
		How did (or can) you manage any differences in approach to multi-professional working that may arise (or have arisen)?
		How did you manage to resolve it? If at all?

### **Finalised Interview Schedule**

The following questions are to be considered in the context of developing an intervention for a child with autism who is at risk of being excluded from their mainstream educational setting.

This sheet is to act as a prompt for the interviewer. Phrases in brackets are alternative wording that consider a different way of phrasing a question where participants may struggle to understand certain terms.

What is the purpose of multi-professional collaborative working when developing an intervention for a child with autism, who is at risk of exclusion?		
	Are there advantages to this way of working?	
	Are there any limitations?	
		Are there any challenges to this way of working?
		What typically are the outcomes (or results/ end of involvement) of multi-professional collaborative working for young people with autism
How do you understand your 'Scope of Practice' (or role) when working as part of a multi-professional team supporting a child with autism, at risk of exclusion?		

	What might affect your approach when working collaboratively?	
		Consider: Location, school, LA building, family home
		Who is present e.g. senco, educational psychologist etc.
		Status or power differences (perceived authority)
		statutory duties
		management
		Organisational structure
		Interorganisational structures
		Complexity of the case
		Clients
		Shareholders
		schools
		parents
		child
		Regulatory bodies
	How might these factors influence your behaviour? And why?	
		'Scope of Practice' (role) (practice)
		Mindset?
		Future approach?
Given your experience working with other		

professional groups, how might their approach differ when working as part of a collaborative multi-professional team.		
	Can you give me an example?	
	Are these approaches similar to your 'Scope of Practice'?	
	Do they differ?	
		How do they differ?
	How does it feel when you work with someone who has a different 'Scope of Practice'?	
		Do these differences ever result in tension or conflict?
		can you describe that?
		How did (or can) you manage any differences in approach to multi-professional working that may arise (or have arisen)?
		How did you manage to resolve it? If at all?

## Appendix G: Examples of initial and revised codes for both phases

Figure G.1: Excerpt of transcript for discussion group two with written codes.

Discussion group 2 transcript

SENCO: He is clearly very complex isn't he, I've made a few notes so if I just chuck in a few of the notes I have made and then we can take it from there. So he is bereaved, he is a young carer, he has got some attachment issues linked to the loss of his dad and his sisters illness, the fact he doesn't get attention from his Mum. Being autistic he perhaps struggles to understand relationships anyway. Am, he is at risk from the online media and he is taking risky behaviour by calling somebody names online. The sensory overload, he clearly needs a lot of adaptations at school and a lot of interventions, sensory breaks things like that, cue's on the table to support him so that he is not constantly getting out of his chair and he has got things to access. There is obviously a bit of a disparity between maths and language which obviously needs looking at with speech and language involvement I would have thought. He is obviously needing some sort of mental health support and his strength seems to be his music which I would have thought is the first thing we would try and tap into, to get some support, therapy maybe through the pathway would be my overall first summary, but other people will pick up other things won't they?

SLT: For me, am, the thing that jumps out the most is that he is at risk of being radicalised. Am, from seeing what he is looking at online, am, I donno, yeah.

SENCO: yeah, yeah, the prevent thing kicks in straight away doesn't it?

SLT: yeah, all of those other things, language assessments, therapies, support in the classroom.

SENCO: it is the second part of that risk isn't it.

EP: I guess I was wondering now that he is at risk of exclusion, am you know, is this a more recent change in his behaviours, am the fact that he has learned about his fathers role in the past ten months, what is difficult is that we are wondering what his understanding is of his fathers death and at what point did he receive his diagnosis of autism and in terms of thinking about his current behaviours and are they a response of his recent understanding. Am, in terms of his kind of father's role and perhaps and how he is identifying with that.

CIT: It is difficult to know isn't it? Which ones comes first and was he always like that or has something exacerbated the situation of was it like that before? I think I agree with you really, he is a complex little boy who has got a lot of issues that need sorting out.

SENCO: it's where to start, as you say prevent thing would be the first thing, wouldn't it? His mum needs support to make sure that she takes control of his time on the internet by putting on filters on there, what he is accessing, talking to him about what he is seeing on there as well. I know she is busy with the younger sister, but as a mother she needs to make time for him as well.

CIT: it is also, does mum need support as well, because she has obviously lost her partner as well, again, she, she is, understanding his autism I suppose, its what support does she need to support her son really.

EP: there's lot's of layers to it, isn't there? It is always interesting isn't it you wonder what his view of it is! Because you have this information and whether there is someone in school, who has that relationship with him, and perhaps the skills in exploring bereavement issues and issues in light of a student who has a pre-existing diagnosis of autism. To understand how to make a judgement around that.

SLT: for me as well, am, the school being concerned that they may need to permanently exclude him in the near future. I'm not really getting a feel for why in this.

*Handwritten notes in red ink:*

- ASC as complex need.
- ASC might not need relationships
- ASC don't access social world
- ASC need lots of intensive support.
- Pro's identifying strengths to make forward.
- ASC as impressionable
- Some support better; more appealing
- Children seek to understand their parents story.
- ASC can't understand of parents story.
- ASC understanding remains unknown
- How to assess understanding of family stories
- Safe guarding as priority
- Safe guarding more prompt support.
- Emotionally well parents support ASC children.
- Child's story/Views important
- Should people understand ASC
- Relationships help understand ASC.



**Figure G.2:** Excerpt of transcript for speech and language therapist focus group with written codes.

Control tension

Hierarchy - Relate to ~~see~~ <sup>Good d</sup> Robinson <sup>see published article</sup>

Professional Hierarchy of knowledge knowledge of the child should trump

settings and we can sit in meetings and other professional views are prioritised. And you think well hang on a second, we actually know this little boy or girl quite well and we have seen them in lots of different settings. Sometimes there is a bit of well lets just wait until the next meeting and see what the educational psychologist says (laughter).

Interviewer: Why do you feel that they prioritise other professional views?

Participant D: Its not all schools and its not all of the time. *inconsistent in prioritising*

Interviewer: On those occasions where it happens, why do you feel that is?

Participant D: It could come back to us as a free service.

Commissioning

Control tension

Participant F: If you pay for something, you think of it as, you think it is going to be better. My brother in law use to say to me that I was clearly not a positive or good speech and language therapist because I didn't work in the private sector. Fair enough he was an idiot.

Free service seen as less valuable Private sector more competent

(laughter)

Participant F: I think it is human nature, isn't it, that we think you pay for quality and we are free. So you know I think there is an element of that I don't think it is only that but I think there is the element of something that you pay for is going to be thought of as more highly.

Pay not adds felt value

Control tension

Participant E: I think there is a perception as well within educational psychologists, less so now than in you know years or months gone by. That they can almost be gatekeepers to helping schools get funding or EHCP's or extra support or a stepping stone towards and EHCP or something like that. The EP is the person who holds the key to getting that sort of intervention for the child. Amm, and that is something that is probably more apparent than real in lots of cases. But I think that is something that is definitely the perception and that raises the status of the EP within lots of settings.

EP's as smiling gatekeepers

perception of EP's as powerful controllers

Interviewer: So being seen as that gatekeeper, gives them a sense of status.

Participant E: Yeah, yeah you gotta get the EP on side so that this, this and this can happen and we can put this application forward then it carries more weight. It's perceived as carrying more weight. It probably does actually.

EP's may reject gatekeeper role

role tension

Participant D: Its not necessarily, that view, it's the EP that the Ep is portraying that view, but it certainly is the feeling that schools have.

Interviewer: Is it how the profession is situated, rather than the professional?

Participant E: Oh, I don't know.

Participant F: I'd say yes.

Control tension

Participant D: Yeah. Cos, I have never worked with an EP who has marched in and demanded a room and (laughter) it's not explicit.

Power is subtle

Participant F: And I don't think that EPs are aware that they are being prioritised over the speech and language therapist.

Interviewer: I wasn't

(laughter)

Table 7: Examples of revised codes using theoretical frameworks (Abductive analysis).

<b>Initial code (Inductive)</b>	<b>Revised code (Deductive)</b>	<b>Applicable theoretical framework(s)</b>
Professionals bossy when directing others.	Assumptions about one's role are affronting.	Collective Preference: Role tension (Rose 2011).
Shared interests facilitate collaboration.	Shared identity facilitates the collaborative process.	Collective Commitment (Rose & Norwich, 2014). Communities of Practice (Wenger, 1998).
Help each other by listening.	A sense of community facilitates coping.	Community of Practice (Wenger, 1998).
Some professionals less skilled.	Resolution through addressing competency.	Collective Commitment (Rose & Norwich, 2014).
Professionals agree on a topic	Validate others to resolve tension and build relations.	Collective Preference (Rose, 2011). Relational Agency (Edwards, 2007).
Professionals seek clarification on a problem.	Clarification of a problem gives role boundaries.	Team capacity (Kelly et al, 2018). Collective Preferences (Rose, 2011). Communities of Practice (Wenger, 1998).

## **Appendix H: Developing and revising themes.**

Themes were developed in stages. The sequence of stages is outlined below:

1. Codes clustered around orientating concepts.
2. Thematic maps for each focus group and discussion group data set was used to refine orientating concepts into candidate themes that share meaning.
3. Revise candidate themes based upon the coherent pattern of the constituent codes.
4. Revised candidate themes were compared to the overall dataset and amended to provide a reflective account.
5. Two thematic maps were produced to provide an overall account of the themes produced over the two phases.
6. The names of themes and sub-themes were refined and defined at this stage.

### **An example of codes clustering around an orientating concept:**

The following table demonstrates an example of how codes were clustered based upon a shared concept. In these examples the orientating concepts are '*Interacting with others*' and '*Working with schools*'. The codes are taken from a discussion group.

Table 8: Examples of orientating concepts and code clusters in developing themes

Orientating concept	Code clusters
Interacting with others	acceptance of others interpretation agree to validate point agree with suggestion build on suggested provision build upon previous suggestions challenging suggestion made curiosity leads to solution focus different perspectives disagree on meaning expand on previous point expanding on contributions of others professional asks where support should happen professional lost for an answer professionals seek answers from each other
Working with schools	managing children with autism empower the teacher professionals are well placed when in schools question current provision system to suit the child teacher must accommodate the child teachers in need of support

The codes shown here all demonstrate a commonality in concept, but they do not necessarily share collective meaning. There is meaning that lie beyond the superficial concept. By organising based upon concepts I was able to compare and contrast the meaning of codes across orientating concepts. An example of

such re-organisation relates to some of the codes under the candidate theme of '*Working with schools*'. Some of these codes would be reorganised to produce the theme of '*Support in the home and school*' Where others would be categorised under the '*Review*' theme. This theme is more specific of a shared meaning rather than a descriptive orientating concept.

### **Coding using abductive analysis techniques**

The codes I used related to the research questions. Initial codes were created using pen and paper marking, highlighting my initial impression of the intended meaning of the code. These were then revised using the available theoretical frameworks. Examples of such are highlighted below.

#### **Revising the meaning of initial codes.**

Initial codes were revised in detail throughout each of the transcripts. This approach aimed to represent the meaning of the generated code accurately. Here, I outline a typical example of how I revised a code based upon the meaning of the raw data.

Below is an extract of raw data taken from the Speech and Language Focus Group Interview. Initially, the generated code for this passage of text was "*payment adds value.*"

*I think it is human nature, isn't it, that we think you pay for quality and we are free. So, you know I think there is an element of that I don't think it is only that, but I think there is the element of something that you pay for is going to be thought of as more highly.*

Upon the second reading of the text I felt that the word 'adds' did not accurately reflect the meaning of the extract. The code "payment adds value" suggests that a commercial approach to services is fundamentally better than services that are free at the point of delivery. Some people may agree with this sentiment, but the participant was not suggesting this. Therefore, the code was revised to "*payment creates perceived value.*" This new code suggests that the value of traded services is perceptual and not necessarily objectively more valuable.

### **Generating codes using an abductive analysis approach**

As highlighted in the main text abductive analysis is using theoretical frameworks alongside inductive analysis of raw data to produce a potentially new way of understanding a phenomenon, partly based upon previous findings. Below is an extract of text taken from Discussion Group One that produced an initial code of *“Work through those who know the child.”*

*I probably wouldn't see him initially at this stage I wouldn't see him at all, it would be the team around him. What I would be hoping to happen, would be the teacher, the TA, any other key adults that are involved in working with him, the SENCo, ideally as well of course.*

This code was then revised to *“clarity of role”*. The rationale for this revision was in light of the surrounding literature regarding the role of professionals when working collaboratively. This was brought to light most notably by Rose (2011). Therefore, I revised the code to reflect advocating stance the professional was taking on clarifying how they would fulfil their role as opposed to accepting the superficial value of the text i.e. work through those that know the child.

It is here that one can see how I have generated codes using an abductive analysis approach. My initial code reflected the inductive analysis approach of generating meaning solely from the raw data. However, by applying such meaning to a wider theoretical context such as professional roles within collaborative contexts, I was able to expand the meaning of the code to reflect the wider literature.

### **An example of a thematic map:**

The shown thematic map is that of the Speech and Language Focus Group:



from. Below I outline some of the candidate themes taken from the speech and language therapist thematic map.

### Example of candidate themes

Below is an outline of some of the candidate themes and sub-themes as they relate to a specific group, Speech and Language therapists.

Table 9: *Examples of candidate themes for a single group in phase one*

<b>Speech and Language Therapist Focus Group (Phase one)</b>		
<b>Themes</b>	<b>Sub-themes</b>	<b>Description</b>
Speech and language therapist's role	Advocate one's role Clarify own role Role boundaries are confusing Provide language expertise (specialist knowledge) Language issues Diagnosis of ASC issues	The speech and language therapist group feel that they often must advocate for their own role. This means providing clarity to other professionals on what they can and cannot do within the boundaries of their role. They view their role as mainly focusing on language. One aspect of such a role is developing the shared understanding of how the child's autistic traits interact with their language needs, and whether needs regarding autistic traits lie separate to their language development.



		<p>The speech and language therapist group discussed their 'Scope of Practice' as investigating the role language development played on whether a diagnosis was appropriate and how the child's use or understanding of language had impacted upon the child's self-esteem. Such knowledge was viewed as valuable when understanding any mental health concerns, a child with autism may have.</p>
Co-ordination and documentation	<p>Saves time</p> <p>Limited capacity</p> <p>Document</p> <p>Accountability/ role setting</p> <p>Goal setting</p> <p>Shared processes</p>	<p>Effective co-ordination and documentation mean that professionals have their defined roles and therefore provides clarity on how to move forward with the case. Such clarity means that a shared goal and process is made explicit and professionals are clear on what is required from their involvement.</p>

		Furthermore, there is a belief that effective co-ordination saves times across the professional groups as it avoids replication of work.
Working with others	<p>Ego</p> <p>Humble professionals</p> <p>Input not valued</p> <p>Working between health and education</p> <p>Working with parents</p> <p>Consultation only as a barrier</p>	<p>Interpersonal factors can play a major role in the comfort people find in fulfilling their roles. Those who are perceived to be ego driven are likely to be labelled as 'difficult' to work with and a hindrance to any shared processes, suggesting that their agenda is not in the interest of the child, but themselves. Contrarily, those labelled as humble are viewed as an asset to the multi-professional process. This ability to relate to other professionals in a positive manner, appears to facilitate the establishment of a Collective Preference.</p>

Next, I outline themes that relate to a cross group analysis. These themes are an example of a larger dataset and serve to outline how candidate themes were created.

Table 10: *Examples of candidate themes shared across the groups in phase one*

<b>Similar candidate themes shared across focus groups (Phase one)</b>		
<b>Themes</b>	<b>Sub-themes</b>	<b>Description</b>
Knowing the child	Build on strengths Child's identity Child's story Work directly with the child	Each group talked in-depth about the importance of getting to know the child. Building on the child's strengths, their identity and circumstances was viewed as key in developing an intervention that would support the child effectively. Many of the groups discussed the importance of working directly with the child in gaining an understanding of the child's needs. This approach was perceived as being valuable when developing an intervention for a child with autism who is at risk of being excluded from school.

Commissioning	Boundaries of role Management Service delivery	Each group spoke about how their services are commissioned. These differences had an impact on their role and the nature of service delivery. Some groups spoke about how management impacts upon their practice, whereas others spoke about the increase in competition creates a professional hierarchy that causes them to behave in a particular manner to demonstrate their professional value.
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Table 11: *Examples of different themes between focus groups for phase one*

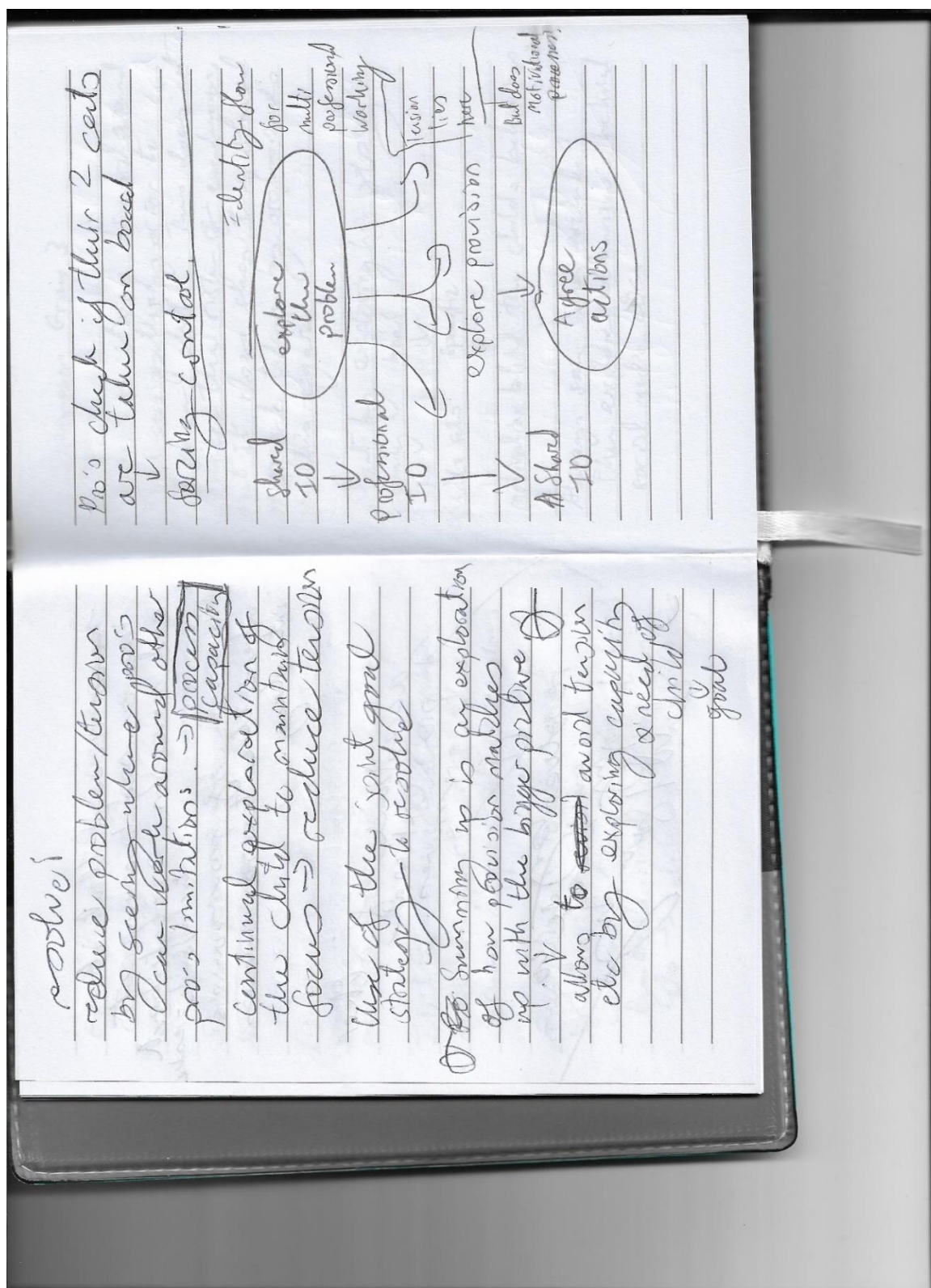
Different themes across focus groups (Phase one)			
Themes	Group theme belongs to	Sub-themes	Description
Problem holder	SENCo	Managing children with autism Seeking support Documenting Co-ordination implementing	The SENCo group described how they fight to get support for the child and manage the child and their family. They also view themselves as co-ordinating and implementing

			<p>interventions.</p> <p>Therefore, their role is one of 'holding the problem.' Other groups usually talked about providing the best support through getting to know the child rather than the reality of having to manage them.</p>
Other agencies as support	SENCo	<p>Feeling supported</p> <p>Gathering evidence</p> <p>Moving towards goals</p> <p>SENCo as a warrior</p> <p>Meeting the child's needs</p>	<p>The SENCo group place value in feeling supported.</p> <p>The group accounts suggest that they must go over and beyond the call of duty in order to receive any kind of support for the child. They really value when they receive support as this implies, they are making progress towards their perceived goal.</p>

Advocating one's role	CIT & SLT	<p>Clarity of role</p> <p>Co-ordination</p> <p>Applying specialised knowledge</p> <p>Boundaries of role</p>	<p>Both groups talked in depth about the importance of gaining clarity of role, often advocating for a specific aspect of the wider intervention that is being developed. This would suggest that the 'Scope of Practice' for these groups is narrower and guided by their specialist knowledge. Whereas the remaining group are more general in their approach.</p>
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## Appendix I: Example of field notes for phase two

**Figure I.1:** *Example of field notes*



## **Appendix J: Assuring credibility using Shenton's (2004) credibility framework for qualitative research.**

The following information provides a detailed account of how I assured credibility throughout the completion of my research. I have adopted the model outlined by Shenton (2004).

- a) The adoption of well-established research methods.

Maxwell (1992) discusses the ability of appropriate research methods to garner evidence supportive of internal validity (or credibility). I have chosen to conduct focus groups and discussion groups across two phases respectively. I have justified the rationale for these approaches in the main text. Furthermore, my analysis was that of an abductive thematic analysis approach. This was viewed as an appropriate approach considering the research questions. My research acknowledged the theoretical frameworks of influential theories such as Collective Preferences and was designed to explore their utility within a real-world context.

- b) The development of an early familiarity with the culture of participating organisations.

Shenton (2004) recognises the importance of gaining an adequate understanding or familiarity with the organisations where one is to conduct their research. I was fortunate enough to be on placement as a trainee educational psychologist within the local authority where I conducted my research. Furthermore, I worked across two organisations within that placement meaning that I had familiarity with the organisation. Lincoln and Guba (1985) suggest that researchers are to take caution in having their professional judgements becoming influenced from being too immersed in the culture. I was fortunate enough to be known to many of the professional groups that I had established professional relationships without an in-depth knowledge of their working practices. However, one could argue that I was very familiar with the educational psychology team. I aimed to limit this influence by working with psychologists that I was less familiar with.



### c) Triangulation

Triangulation is the use of different methods to compare findings and make conclusions. My research was conducted over two phases, where I used focus groups, discussion groups and field note observations to generate thoughts, hypotheses and conclusions based upon the gathered data. Shenton (2004) highlights that the use of triangulation approaches such as the one I have outlined here compensates for the limitations of each method and exploits their respective benefits.

Further triangulation is achieved through the verifying of viewpoints and experiences against each other i.e. negative case analysis. Furthermore, I used groups of participants within both phases of my research, which facilitated in situ verification of viewpoints at the micro and macro level. Within each group, participants were able to explore each other's perspective and across groups I was able to compare and contrast viewpoints and experiences.

### d) Tactics to ensure honesty in informants when contributing data.

When ensuring honesty, each participant must feel that they are contributing based on their own free will. Therefore, they must be given the opportunity to refuse to participate. This was made clear to each participant both orally at the point of contact and at the beginning of a data collecting session. Furthermore, each participant was provided with information detailing what was expected as part of their participation and how the collected data would be processed. Within this documentation were details of how they can remove their consent at any time, also if they felt they could not come to me directly, I provided contact details of my research supervisors who they could contact. Further to this, participants were reminded that I was there as a researcher and I would treat the collected data with strict confidence. Participants were also reminded they would have the opportunity to view transcripts to ensure accuracy of the data.

Further to ensuring consent I was tasked with building rapport with the participants to help them feel comfortable in the company of others and mine. I achieved this through offering food such as biscuits (accounting for dietary requirements also), offering beverages such as tea and engaging in general conversation with each participant prior to the collection of any data.

e) Iterative questioning

The role of questioning applies to phase one of my research. Shenton (2004) highlights the importance of questions eliciting the views of the participants and minimising 'falsehoods'. As my participants were questioned as a group any falsehoods could be ratified or checked by the other members of the group.

f) Frequent debriefing sessions

Shenton (2004) places importance on the collaborative processes associated with research. Researchers are to explore their findings hypothesise and ideas regularly to draw attention to flaws and develop an effective course of actions. This can be completed in a supervisory capacity. This is what I was exposed to when completing my research. I attended regular supervision meetings with both of my research supervisors and discussed my research plan, data collection, analysis etc. Further to this we contacted regularly via email and my work was examined by them and feedback taken on board and acted upon.

g) Peer scrutiny of the research project

This is a less formal arrangement than research supervision, but opportunities to have one's ideas scrutinised by the wider research and professional field should be taken where opportunities arise. Shenton (2004) suggests the use of conferences to share research progression etc. I was fortunate enough to share some of my ideas at professional development team training days. I also communicated with my peers regularly on the soundness of my thoughts, findings and arguments.

h) The researchers 'reflective commentary'

The writing of a commentary allows the researchers to record their initial impressions from data collection sessions and the patterns appearing to emerge from the collected data considering the broader literature. Within phase two I was able to record field notes, but in addition to this I recorded a researcher's reflective diary, documenting my thoughts and reflections on data collection sessions, theoretical and practical implications.

i) Background, qualifications and experience of the investigator

I am a researcher who is undertaking a professional doctorate training course in educational psychology. Prior to my current research I have completed two other research projects at undergraduate and master's levels. Further to this I have completed research as part of my role as an assistant psychologist prior to joining the course. These experiences paired with the rigorous learning structure offered by the doctoral course place me in a privilege position of competency to complete qualitative research adequately. Further information regarding my background is supplied within the introduction chapter.

j) Thick description of the phenomenon under scrutiny

Detailed descriptions of the actual situations being discussed promote credibility of the research. They provide the reader with an insight that goes beyond the word of the researcher, allowing them to scrutinise the overall findings with relative clarity. Within my findings sections I have provided detailed descriptions of the context participations are acting within, as well as quotations that are reflective of the intended meaning of the participants.

k) Examination of previous research findings.

The researcher is tasked with assessing the degree to which their findings are congruent with past studies. My analytical approach allowed this to be considered throughout as I considered the theoretical frameworks highlighted within the literature review throughout the data analysis. Such theories include Collective Preferences (Rose, 2011) and Communities of Practice (Wenger, 1998). These were considered as part of the abductive analysis process. Furthermore, the identified themes were considered alongside previous findings from the broader literature. I provided commentary within the discussion sections on the degree of congruence of these findings.

## **Appendix K: Information letter to participants**

Information letter to participants.

RE: Research project: **An exploration on the utility of Collective Preferences when making joint decisions as part of multi-professional team working that is supporting children with autism, who are risk of being excluded.**

Dear, (insert name)

I am writing to you in hope that you will want to participate in my research project, as part of my training to become an educational psychologist. The project aims to explore the understanding professionals have around their professional role when working as part of a multi-agency team supporting children at risk of exclusion, who has autism. My study will be broken up into two phases.

The first phase will involve a group semi-structured interview with myself and two of your professional colleagues. The interview will allow you to discuss broad topics with a focus on working as part of a multi-professional team and the types of conflicts you may encounter when supporting children at risk of exclusion who have autism. You will be able to discuss these topics with your colleague during the group interview. The interview will take approximately 30-60 minutes.

The second phase of my research involves participation in a discussion group, similar to a focus group but with less participants, there will be four of you from different professions including: educational psychology, communication and interaction advisory teachers, Special Educational Needs Co-ordinators (SENCO's) and speech and language therapy. You will have the opportunity to discuss a hypothetical vignette with the other professionals.

Together you will discuss and decide upon an appropriate intervention or plan of action to implement a child with autism who is at risk of being excluded from their educational setting. As part of this, you will be able to present your professional contribution and any reasons supporting your decisions throughout

the process. This process is designed to be similar to any other multi-professional meeting supporting a child with autism who is at risk of exclusion.

This phase of my study aims to develop our understanding of the dynamics concerning multi-professional decision making and inform theories for effective multi-professional working.

Second phase of data collection will take approximately 45-90 minutes.

### **Confidentiality and Anonymity**

Digital recordings and transcripts will be held in confidence and used only for research and dissemination purposes. There will be no access to them by third parties (except as required by the law). The digitally recorded data will be accessible only to myself (the researcher) and for validation purposed my supervisors, if required. Data will be stored on a password protected computer within a locked room. Each participants data will be kept anonymous within the analysis and dissemination of the study.

I will be taking field notes during the discussion group phase. I will take care not to record information that can identify any individual, I will use specific codes to ensure this.

As a participant you are reminded that any discussions which arise regarding real life cases are to be treated with the same level of confidentiality you would give in your everyday practice. I encourage you not to use real names, or other pieces of identifiable information, if you do talk about your previous professional experiences. Any identifiable pieces of information will be anonymised at the transcription stage of the research.

### **Data Protection Notice**

The data will be held in accordance with the General Data Protection Regulation (GDPR) (2018) and University of Exeter guidance, I have completed the mandatory training regarding GDPR. All data will be treated as anonymous and confidential, unless a child protection issue arises, whereby the appropriate authorities will be notified. Personal data will be treated in the strictest confidence and will not be disclosed to any unauthorised third parties. Raw data will be only shared with my supervisors, for analysis purposes only; however,

this will be presented as an anonymised format, you will not be made identifiable from the data. In the unlikely event that digital recordings will need to be shared with my supervisors it will be done in a private room, with no third parties present. My supervisors also adhere to the confidentiality and anonymity criteria outlined above.

Consent forms will be stored securely within a locked room until the completion of the study. Your information will be stored securely and held for a maximum of 10 years before being destroyed. The results of the research will be published in anonymised form and available through the University of Exeter Library Service. The results may be used for publication in academic journals, conference presentations and seminars/workshops.

### **Removal of Consent**

As a participant you have the right to remove your consent to participate in the study, this is also extended to your contribution to the data. You can remove consent at any time up until the data analysis phase has been completed. This is because the results from the data analysis will be achieved through comparing your data with the data of other professionals and therefore cannot be undone once the data analysis is complete.

### **Special Requests**

If you have agreed to participating within phase one of my study data collection, I can arrange an appropriate location. That is amenable to you and your colleagues. If the suggested location is not convenient for you, I can arrange another, more appropriate, location through a gatekeeper.

For phase two you will be a part of a study with a range of professionals, deciding on a time and location which is amenable to all involved is important. A number of possible locations within your local authority have been identified as potentially suitable for data collection. However, there is a degree of flexibility on time and location depending on the availability of other professionals and yourself. I will attempt to arrange these to be as convenient to every professional as possible.

If you have any questions or concerns over the nature of the study please do not hesitate to contact me or my research supervisors Shirley Larkin ([s.larkin@exeter.ac.uk](mailto:s.larkin@exeter.ac.uk)) and Will Shield ([w.shield@exeter.ac.uk](mailto:w.shield@exeter.ac.uk)).

Please sign and return the accompanying consent form (or bring it with you on the day) if you wish to participate in my project. I thank you in advance for your contribution in helping me complete my research.

Yours Sincerely

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[am972@exeter.ac.uk](mailto:am972@exeter.ac.uk)

## **Appendix I: Consent form for participants.**

### **Consent Form for The Participant**

I have read the information letter regarding the research project being conducted by Adam McCartney. I understand the basis for my involvement as a professional and consent to take part. I understand that I can withdraw from this study at any time prior to the analysing of the data:

Name:.....

Role:.....

Organisation:.....

Signature:.....

Date:.....